

UKRAINE MANUAL PRODUCT I-B

Manual of Accreditation of Medical Facilities in Ukraine

and TECHNICAL NOTE UKR-26

**Accreditation Standards
for Primary Health Care in Ukraine**

May/June 1997

***ZdravReform* Technical Manual 528**
(Ukraine Manual Product I-B)

ACCREDITATION STANDARDS FOR HEALTH CARE FACILITIES IN UKRAINE

Prepared under Task Order 5761. by
Victor Omelchenko
Sheldon Cohen
Andriy Huk
Borys Uspensky
Anatoliy Morozov
Lidiya Sytnyk
Inna Demchenko
Janet Farrell
Tetyana Oleksiyuk
Nataliya Atanasova

Submitted by the *ZdravReform* Program to:
AID/ENI/HR/HP

AID Contract No. CCN-0004-C-00-4023-00
Managed by Abt Associates Inc.
with offices in: Bethesda, Maryland, U.S.A.
Moscow, Russia; Almaty, Kazakstan; Kiev, Ukraine

August 1997 (updated from May/June 1997)

The accreditation standards presented in this manual were developed at the request of the Ministry of Health of Ukraine within the framework of the joint experiment on licensing and accreditation of health care facilities in Ukraine. The work was carried out as part of the US Agency for International Development-sponsored *ZdravReform* Program by Abt Associates Inc., an American consulting company.

The authors wish to acknowledge the workers of the Ministry of Health of Ukraine; the Ukrainian Verkhovna Rada (Supreme Parliament) Commission on Maternity and Childhood Protection; the Institute of Public Health; Kiev Oblast and Municipal administrations; L’viv, Odessa, Ternopil, and Zhitomir Oblast administrations; administrators and doctors of the Kiev City Hospital #14; and Kiev, L’viv, Odessa, Ternopil, and Zhitomir oblast hospitals for invaluable assistance in the organization of work as well as information, advice and criticism contributing to this work. The authors will appreciate comments and additions to the present iteration of the standards.

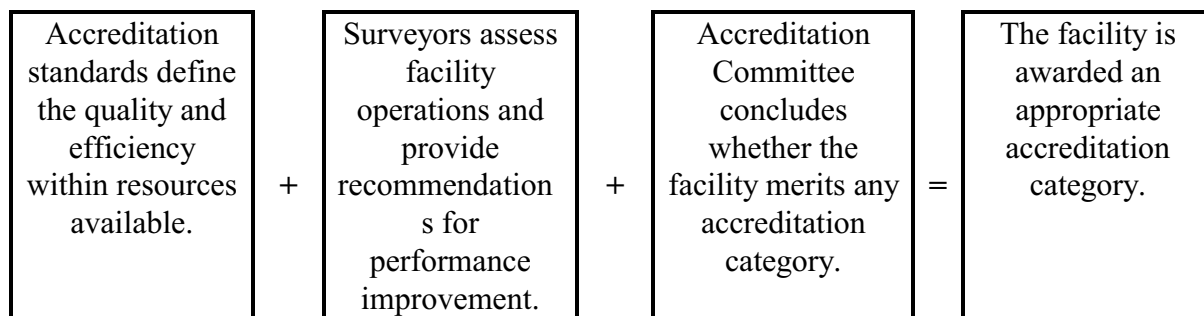
TABLE OF CONTENTS

INTRODUCTION	4
ACCREDITATION STANDARDS FOR HEALTH FACILITIES	6
1. PATIENT RIGHTS	6
2. PATIENT EVALUATION	8
3. PATIENT CARE	9
3.1 HEALTH CARE PLANNING AND PROVISION	9
3.2 MEDICINE UTILIZATION	10
3.3 REHABILITATION	11
3.4 PRIMARY HEALTH CARE	12
3.5 SURGERY, ANESTHESIOLOGY, INTENSIVE CARE (RESUSCITATION)	17
3.6 INTERNAL MEDICINE SERVICE	22
3.7 EMERGENCY AND URGENT CARE DEPARTMENT	24
3.8 OUTPATIENT CARE	26
3.9 ANCILLARY SERVICES	30
3.10 MATERNITY AND CHILDREN CARE	34
3.11 BLOOD SERVICE	41
3.12 PATHOLOGY	43
4. HOSPITAL MANAGEMENT	45
5. PERSONNEL MANAGEMENT	50
6. ECONOMICS AND FINANCE	55
7. MEDICAL INFORMATION AND ANALYTICAL SERVICE	60
8. METROLOGY PROVISION	65
9. EPIDEMIOLOGICAL SAFETY	66
10. BUILDING STANDARDS	69
11. QUALITY ASSESSMENT OF HEALTH SERVICES	72

INTRODUCTION

Accreditation is the process of evaluating a health facility according to a set of standards which define activities and structures that directly contribute to desirable patient outcomes. Accreditation is official recognition that a health facility complies with the standards, thus guaranteeing that it can provide high quality health services. In the future, facility accreditation will be a necessary predicate to signing a contract with an insurance company. Unlike other supervisory processes, accreditation is performed at the initiative of the facility; is done after substantial preparatory work; and is within the sphere of interest of the facility, as the accreditation certificate confers on the facility prestige, compatibility, and financial well-being.

Accreditation Process



The primary task of the quality improvement process is the achievement of the greatest possible reduction in morbidity, mortality and disability rates, and the fastest possible patient rehabilitation with the most efficient utilization of the resources available. Quality medical care may not be the ideal level of care, but it is the best possible care that can be provided under actual conditions faced by providers. The core idea behind the accreditation system is the belief that Chief Doctors and hospital staffs are willing to provide high quality care but need ideas on how to achieve it under the condition of limited resources and limited possibilities of their utilization.

The standards are based on the principle that the facility will use the accreditation process as a tool for personnel training. The standards are a broad range of up-to-date professional criteria, that relate to all aspects of facility activities, describing the successful models for the personnel and administration based on the format of a "how-to manual," and pointing out possible problem indicators. They are used by the facility to prepare for the accreditation review and by the accreditation committee to implement the assessment. As a rule, the comments and recommendations in the final report of the accreditation experts provide a basis from which the facility can work to improve its performance.

The evaluation of the facility activities in accordance with the accreditation standards is done by rating the facility on each point (standard)/subpoint. An explanation of each point/subpoint is written in italics below the standard. Ratings are marked in the tables under each

point/subpoint: The table on the left is for facility self-evaluation done by facility administrators before the accreditation review committee arrives; the table on the right is for the committee evaluators. Ratings are on a point scale: *non-compliance=0 point; minimum compliance=1 point; partial compliance=2 points; full compliance=3 points*. The grading is based on the total points earned: higher category=total over 90 percent of maximum, 1st category=total score ranged from 70-90 percent, 2nd category=total score ranged from 60-69 percent. If the facility's total score is lower than 60 percent, an accreditation certificate of the 2nd category is granted conditionally or for a period of no more than three years, or is not granted at all until all the recommendations of the accreditation committee experts are implemented.

ACCREDITATION STANDARDS FOR THE HEALTH FACILITIES OF UKRAINE

1. PATIENT RIGHTS AND OBLIGATIONS

1.1 Patients are informed of their rights and all aspects of their disease and its treatment, i.e.,:

1.1.1 Patient and/or his relatives are informed of the diagnostic and treatment methods and the risk to which the patient is subject during medical procedures/operations. This information is presented in the medical record.

Patient's medical record should contain the statement that such information was provided to the patient, as well as patient's signature acknowledging his awareness of such (except in the case of patients who are unconscious or who suffer mental disorders).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.1.2 Patients have the right to make a decision about receiving health services. This information is presented in the medical record.

The patient is informed of his right to refuse the suggested treatment, and he is advised of its negative consequences. This is noted in the patient's record; the patient or a family member signs this notification (except patients who are unconscious or who suffer mental disorders).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.1.3 Patients have the right to obtain information from their attending physician about the diagnosis, examination results and possible disease outcomes.

The physician notes provision of such information in the patient record, with the patient's signature.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2 All patients participating in an experimental program are informed about it, and their consent is noted in the patient's record.

If a patient participates in an experimental program (clinical drug tests, new treatment methods, etc.), his notification of the items listed below is noted in the patient's record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2.1 About the process of the experiment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2.2 About its advantages over other treatment methods.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2.3 About the degree of risk to the patient's health.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2.4 About patient's being informed of his/her right to refuse to participate in any stage of the experiment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.3 When discharged the patient receives medical recommendations that are written in the extract from the inpatient medical record and in the patient's record.

When being discharged the patient gets the written extract from the medical record describing diagnostic and treatment process, recommendations for further treatment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.4 At the hospital registration office the patient and, if possible, his close relatives are informed about the guaranteed package of free health care and of additional services the patient, if willing, can pay for on his own. This information is provided by a nurse assigned to the registration office. The patient or his relatives have to sign in the medical record stating that they have received this information.

This information can be written in the medical record or patient/his relatives can sign a special form that will be attached to the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.5 All the patients, regardless of their coverage by an insurance plan or ability to pay, have the right for free emergency care.

In case of need, emergency care should be provided at the hospital to anyone who seeks it, regardless of his/her permanent address and social status.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.6 When discharged a patient is to be interviewed about his satisfaction with the treatment and the quality of health services delivered. A patient also has right to complain to facility administration and/or supervisory management about issues related to his/her stay. This information has to be input into the medical record.

All the remarks concerning nursing, medical provision and other aspects of the inpatient stay are input into the medical record by an attending physician and signed by the patient.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.7 Information about the patient's (or deceased's) diagnosis, treatment, length of the disease, etc. is strictly confidential. The medical record is accessible to medical staff involved into the process of care only. This type of information can be provided to authorized bodies on the request of the Prosecutor's Office, on in other cases stipulated by Ukrainian legislation.

Hospital (department) administration thoroughly monitors the outflow of such information, and the record of all the medical certificates issued is regularly checked.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.8 According to Ukrainian law, medical personnel informs authorized entities about the cases stipulated by the current legislation and effective medical instructions.

The notification about the transfer of such information to authorized entities is attached to the inpatient medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.9 The patient is updated on the rules of his/her stay in the hospital.

The patient is obliged to provide physicians with information concerning his previous diseases, hospitalizations and other issues related to his/her health. He is also obliged to keep to the rules and norms of stay in the facility, plan of treatment, physician's recommendations and prescriptions (except patients who are unconscious or suffer mental disorders). The patient puts his/ her signature in the medical card after being updated on the rules of stay in the facility.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2. PATIENT EVALUATION

2.1. On admission, the patient's health is assessed by a physician to the extent necessary:

2.1.1 On admission, the patient is examined by a physician, the inpatient medical record is filled in, and all the necessary examinations required for determining a primary diagnosis are done within 24 hours after the admission.

The inpatient medical record is filled in by an admissions department nurse; an admissions physician or a physician of the department to which the patient is referred develops and implements the plan of examination for setting the primary diagnosis, which is

attached to the medical record; designs the plan of treatment; and fills in the prescription card.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2.1.2 The attending physician identifies further volume and depth of the patient's examination and sets the clinical diagnosis (not later than 72 hours after the admission).

The attending physician develops and implements the examination plan to determine the clinical diagnosis, and it is attached to the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2.1.3 The attending physician examines the patient each day and notes the disease dynamics in the medical record.

Daily notes in the medical record should contain data about the general health status of the patient, hemodynamic indicators, bandaging information, diagnostics manipulations, etc.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2.1.4 When transferring the patient to another subunit, the physician prepares a detailed, staged summary of the medical record.

The physician prepares a detailed staged summary stating the disease dynamics and the patient's health status at the moment of the examination, results of diagnostics procedures and treatment; the summary is signed by the department head.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3. PATIENT CARE

3.1. Planning and Providing Care

3.1.1 A plan of examination and treatment is developed for each patient.

According to the quality standards that are approved for each department, the plan of examination and treatment is developed for each patient personally and it is noted in the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.1.2 All changes to the plan developed are input into the medical record with the reasons provided.

When needed, the changes are made to the plan of examination and treatment and the changes are noted in the medical record.

Non	minimum	partial	full
-----	---------	---------	------

Non	minimum	partial	full
-----	---------	---------	------

compliance	compliance	compliance	compliance
0 point	1 point	2 points	3 points

compliance	compliance	compliance	compliance
0 point	1 point	2 points	3 points

3.1.3 In complicated and difficult cases, the department administration calls a physicians' session chaired by the hospital medical director. The attending physician is responsible for implementing the group's decision.

The attending physician inputs the group's decision in the medical record and follows up on all the recommendation concerning diagnostics and treatment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.1.4 Medical nurses perform all diagnostic and treatment prescriptions according to the physician's prescription card.

According to the data recorded in the physician's prescription card medical nurses fulfill all diagnostic and treatment orders. The medical nurse who carries out the orders signs clearly in the medical record. The nurse should notify the physician immediately of any adverse consequences (allergy, pain, inflammation, fever, etc.).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2. Utilization of Medicines

3.2.1 The facility clinical pharmacist (if there is any on the staff) informs medical personnel about the availability of medicines and new drug inflows; together with the facility administration he/she regularly checks the expiration dates of the drug supply.

Drug expiration dates are checked, and the information is provided to physicians in a regular and timely manner; it is presented in the form of clinical pharmacist or company representative claims. Manuals and instructions on how to use medicines are available to physicians.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.2 An inviolate supply of drugs and bandages is secured for the case of calamity or drastic increase of patient admissions.

According to the effective regulations, there is a sufficient inviolate supply that is regularly renewed and accounted for.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.3 Physicians of the facility have free access to the list of drugs available.

The drugs of one and the same group should not be duplicated in this list. The list must be based on the marketing data and should be regularly reviewed.

Non compliance	minimum compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

Non compliance	minimum compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

0 point	1 point	2 points	3 points
----------------	----------------	-----------------	-----------------

0 point	1 point	2 points	3 points
----------------	----------------	-----------------	-----------------

3.2.4 The drugs available should satisfy the needs of all the hospital departments. There should be an operating system for drug allocation and utilization accounting.

The drugs should be thoroughly accounted for and distributed basing on the basis of applications submitted. The drug allocation process is done with the consideration of specific departmental characteristics. Medicines of the "A" group and narcotics should be stored in the safe. Administration of the department and physicians keep a thorough inventory of these drugs as well as the elimination of empty ampoules. Records confirming this activity should be available.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.5 Nurses are responsible for drug utilization and distribution of medicine to patients according to the prescription cards.

Distribution of each drug is recorded by a nurse (or feldsher) on the prescription cards. The nurse (feldsher) signs the paper after the physician's prescription is administered.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.6 The medicines used for emergency care are stored in a separate place under constant control and are available to personnel at any time of the day.

Department administrators have developed the standards for provision of emergency care according to the determined volume and sequence. The personnel has theoretical and practical skills to deliver health services.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.7 The physician should note patient allergy to a drug or to a specific group of drugs in the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.3 Rehabilitation

3.3.1 When needed by a patient, an individual rehabilitation plan is developed.

The plan includes the length of rehabilitation activities, their sequence, and expected outcomes.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.3.2 All the changes made in the rehabilitation plan are input into the medical record with the reasoning given.

If needed, changes are made to the rehabilitation plan with the reasoning provided, the notification about it is noted in the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4 Primary Health Care

3.4.1 Logistics (Organization and Methodology)

3.4.1.1 The facility is located near public transport system and is otherwise easily accessible to its population.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.1.2 The organizational structure of primary health care is established.

There is official documentation of the PHC facility, administrative regulations about its opening, staff schedule, administrative staff, health care employee job descriptions. There is an established system of the reporting relationships within the facility and to the administration.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.1.3 Information about visitors' rights and responsibilities is available at the PHC facility. Personnel treat visitors with respect of their human dignity.

Visitors have the right to choose physician and medical facility as well as a right to medical confidentiality and privacy. Information is available about privileged groups of population, types and volume of benefits they may use.

Visitors are updated on their responsibilities concerning immunization according to the schedule of annual preventive screening/examination programs.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.1.4 The facility functions in compliance with approved medical statistical and accounting documentation.

The documentation is kept and secured according to administration requirements. The computerization of medical documentation is encouraged.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.1.5 The rates and indicators which the PHC facility reports to general administration are determined.

Indicators include data generally accepted by international practice and ratified by the MOH of Ukraine as due to be reported by outpatient service, as well as other indicators approved by general facility administration. The design of local standards which monitor population health status, quality of services, financial and economic effectiveness of medical programs is encouraged.

Non compliance	minimum compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

Non compliance	minimum compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

0 point	1 point	2 points	3 points
---------	---------	----------	----------

0 point	1 point	2 points	3 points
---------	---------	----------	----------

3.4.1.6 The facility studies the degree of patients' satisfaction with medical services provided.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.1.7 The administration (human resources department) monitors the personnel skill level (accreditation group) in individual service records, as well as the refresher training courses and other information that reflects the personnel's level of theoretical knowledge and practical skills.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.2. Logistics (Household and Maintenance)

3.4.2.1 The PHC facility is provided with the following:

3.4.2.1.1 The system of visit registration (registration office, card files, etc.)

In this section visitors are registered for consultations, medical records are kept in an appropriate way (outpatient cards, registration logs for patient calls), patients are provided with treatment and insurance payment receipts and other types of payment documents.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.2.1.2 Physician's offices (wards), procedure/ bandaging/ examination rooms, lab, etc.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.2.1.3 Medical and diagnostic equipment which meets the required volume of PHC and the health needs of the population in the area

The facility is equipped with medical and diagnostic equipment, instruments and linens so as to meet the needs of the specific population number in screening, prevention and treatment.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.2.1.4 Drugs, medical and disinfecting supplies needed for provision of determined volume of care.

The administration determines types of care which are provided with the above-mentioned supplies that are paid for from the facility budget.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.2.1.5 Equipment and supplies for physical therapy (PT) and rehabilitation services.

Such services are determined by the administration in the volume required to fulfill physician's commitments using available equipment and space.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.2.1.6 Materials and supplies for patient education activities and healthy life style promotion.

Facility administration supplies visitors with free brochures, information letters, visual aids etc.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3 Volume And Quality Of Health Care

3.4.3.1 The PHC facility is staffed with certified physicians, nurses, and attendants according to the number of assigned population.

The staff is trained (re-trained), certified appropriately and capable of specific practical skills. The administration involves all employees in regular skills upgrade and re-training programs which are reflected in current and prospective plans.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.2 Physicians and nurses of the PHC facility provide all age groups of the assigned population and other facility visitors with patient education, prevention, diagnostics and treatment care.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.3 The issues of the volume of care, regulations on patient referral for polyclinic and hospital treatment are well developed.

The administration conducts staff briefing sessions, written instructions approved and reviewed regularly by administration are available.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.4 The facility has a wide range of health care provision forms which helps to reduce the load in polyclinic and hospital.

The facility practices health care provision at home, day stay inpatient units and fulfills specialists' prescriptions.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.5 There is a determined minimum of ancillary services provided at PHC facility.

Antropometric data, measurements of sight and hearing acuteness, temperature, inner eye pressure, blood pressure, EKG are performed on-site. Lab tests include all rapid diagnostic tests, general blood and urine tests, glucosometry. For more complicated biochemical, immunological and bacteriological tests, necessary samples are collected and transported to a pilot laboratory. Women screening programs include collecting cytological and other types of smears. If required, there is a system of referral to more specialized appropriate facilities for advanced diagnostics.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6 The head doctor of PHC facility performs the following functions:

3.4.3.6.1 Planning of PHC facility activities, including rational utilization of the resources available for fulfilling the tasks set.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6.2 Analysis of the environment (legal regulations, finances, health status of the population served, mortality/morbidity/disability data, as well as the trends concerning these indicators).

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6.3 Based on the analysis, the head doctor identifies the population's medical needs and adjusts the facility structure to comply with those. The head doctor develops and introduces medical programs aimed at reduction of negative medical and demographically impacts within the catchment area.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6.4 Controls the functioning of the whole facility and the fulfillment of job requirements by every employee in the department, as well as the maintenance and improvement of the facility physical plant and compliance with sanitary and epidemiology standards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6.5 Organizes the system of control over the sanitary and hygienic standards and accident prevention regulations that are ratified by MOH.

The head doctor has organized the system of control over the sanitary and hygienic regime, as well as accident prevention. The head doctor documents all violations of sanitary

and hygienic standards and accident prevention regulations by employees of the facility along with the thorough review of each case.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6.6 Provides all employees with participation in refresher training and re-training programs.

The head doctor and the head nurse design and schedule the skill upgrade and re-training programs.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6.7 The performance of physician and nursing staff with less than one year of work experience is directly monitored by an experienced physician or a nurse (with over five years work experience). The level of the curator's responsibility is documented.

The level of the curator's responsibility for the actions of his subordinate is documented at the level of the facility. There are individual programs for mastering professional skills.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.3.6.8 The head doctor develops, informs and controls the fulfillment of personnel functional responsibilities and physician's tactics concerning different diseases, to provide care at the highest possible level.

There are documented personnel functional responsibilities, as well as basic issues of care provision tactics (rules on immunization and medical examination, patients' referrals for additional examinations and treatment to specialized facilities).

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.4. Financial Management

3.4.4.1 The facility is cooperates with insurance companies, charity funds, national and international programs ("Children of Ukraine," "Chornobyl," "Reproductive Health and Family Planning," "Environmentally Clean Cities" and others).

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.4.2 The PHC facility administration provides economic incentives for employees, taking into account their performance outcomes.

Administration uses funds saved on polyclinic and hospital restructuring for financial incentives for employees and development of the facility physical plant. Programs for the assessment of volume and quality of care (work outcomes model, DRGs, etc.) are available.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.4.4.3 A system of facility user fees complies with the list approved by the Cabinet of Ministers and current legislative regulations. There is all necessary legal documentation on the provided user fees.

The facility collects user fees for services which are not included in the guaranteed minimum package and for care provided to the population from outside the catchment area.

The facility guarantees emergency medical care to all population groups and categories.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.5. Surgery, Anesthesiology and Intensive Care (Resuscitation)

3.5.1 Surgical procedures, anesthesiology and intensive care are among the services provided by the hospital. These services can be organized into one service, or they can be controlled separately by the departments of surgery, anesthesiology and intensive care. A clearly established organizational structure that differentiates their responsibilities should exist.

Organizational structure of the surgery, anesthesiology and intensive care services should be documented (including the hospital regulations on the organizational structure of the services and their interaction, the roster of patients receiving care, necessary pre-admissions examinations, etc.)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.2 The departments of surgery, anesthesiology and intensive care cooperate closely with each other.

The system of interaction among the departments is documented, and copies of the documents are kept in each of the departments. All personnel has free access to them.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.3 The department of surgery, anesthesiology, and intensive care is chaired by the head of the department (or by a number department heads, if the services are subdivided into separate departments), whose relevant experience is not less than five years; the department head should have organizational knowledge and skills, as well as an appropriate qualification category.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4 The department head performs the following functions:

3.5.4.1 Direct supervision over departmental activities, as well as over the performance of each employee.

The staff meetings are convened at least once a month, their agenda includes the issues of personnel job description fulfillment, general evaluation of the departmental performance, etc. Minutes are made at each staff meeting.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.2 Direct supervision over maintenance and improvement of the department physical plant.

The department head provides control over the appropriateness of the physical plant to the department needs, including alternative sources of financing (charities, etc.) to improve the physical plant.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.3 Prioritizes drug and medical equipment purchases for the department.

Having analyzed department activities, new health care technologies and marketing data, the department head prioritizes the purchases of medicine and medical equipment

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.4 Controls compliance with sanitary norms and rules for prevention of accidents.

The department head records any violations of the sanitary norms and the rules of accident prevention by the department personnel and investigate each case.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.5 Provides departmental personnel the opportunity to participate in re-training and refresher training courses.

The department head physician and the head nurse formulate a program of professional advancement and schedule re-training and refresher training.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.6 Controls compliance with the norms of diagnostics and treatment.

Patients are admitted for planned surgeries only after all possible pre-surgical examinations are performed on an outpatient basis, and duplicate procedures are not allowed (except non-informative ones).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.7 Controls the frequency of the following cases:

The frequency of the following cases is estimated, the department head records each case and discusses it with personnel:

3.5.4.7.1 A planned surgery did not take place at the time appointed.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.7.2 The patient was not properly prepared for surgery.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.8 Controls the frequency of the following complications:

The frequency of the following complications is estimated; the department head records each case and discusses it with personnel.

3.5.4.8.1 Heart attack or respiratory arrest during surgery.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.8.2 Heart attack or respiratory arrest when the patient is in post-surgical recovery room.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.8.3 Complications of the central or peripheral nervous system.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.8.4 Repeated surgical intervention (except the planned ones)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.8.5 Post-surgical infection.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.8.6. Myocardial infarction, bleeding, hematoma, pneumonia, thromboembolism of the pulmonary artery or stroke during seven days after the surgery.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

4.4.8.7. Death for other reasons during seven days after the surgery,

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.5 Physicians and nurses with the relevant experience that is less than one year work under direct supervision of an experienced physician or a nurse (who has relevant experience of no less than five years). The degree of supervisor's responsibility has to be documented.

The degree of supervisor's responsibility has to be documented at the facility level for each specialty program.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.6 Appropriate organization of anesthesiology and surgical activities stipulates the following:

3.5.6.1 Schedule of all planned surgeries should be prepared in the department not less than 24 hours before the surgery. The schedule includes the names of the operating surgeon, assistant and anesthesiologist, as well as the volume of the planned surgery, blood transfusion and the medicine.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.6.2 The department has an surgical suite equipped according to the MOH decree on the organization of the surgery service.

The operating theater is equipped with the necessary number of surgical instruments, anesthesiologic equipment, medicine and supplies, linens and other equipment. Skilled specialists work in this department. Department administration, as well as surgical suite personnel are responsible for observing epidemiology regulations in the surgical suite.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.6.3 There is appropriate equipment, serum, labware for blood group identification and blood compatibility tests. A physician who is not otherwise occupied performs blood transfusion during the surgery and does all necessary tests and preparations.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.6.4 An anesthesiologist examines the patient before administering anesthesia; the exam is noted in the medical record.

The examination includes measurement of hemodynamics, respiratory indicators, general and biochemical blood test, coagulogram. Patients over 40 must have an EKG taken 48 hours before the surgery. The test results should be analyzed by the anesthesiologist at least 12 hours before the surgery, and thorough examination results are input into the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.6.5 The anesthesiologist checks the status and sterility of the equipment before every surgery.

There is a system for transferring equipment between shifts, and the procedure is documented (in the shift log, etc.)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.6.6 In the immediate post-operative period patients stay in the post-operative ward monitored by an anesthesiology nurse under direct supervision of the anesthesiologist.

There are specially equipped post-operative wards in the department (for monitoring of oxygen, blood pressure, pulse and respiration). Patients are transferred to the post-operative ward immediately after the surgery to be thoroughly monitored by the physicians and nurses. If necessary, the patient is transferred to the intensive care unit (used by the whole hospital).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.7 The post-operative care includes (but is not limited to) the following:

3.5.7.1 Physician's control

The anesthesiologist has to do at least one post-operative examination of the patient to evaluate patient's status after the anesthesia. The examination should take place 24-48 hours after the patient is transferred to the general ward. The attending physician has to monitor a post-operative patient at least twice a day.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.7.2 Nursing.

According to his/her functional responsibilities, the nurse should check the consciousness, pulse, blood pressure, frequency of respiration of post-operative patients and administer the physician's orders at least once every half an hour.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.7.3 Prevention of complications from infections.

Prevention of complications from infections is done by means of: a) strict keeping to the aseptic and antiseptic rules; b) preventive rational intra- and post-operative antibiotic therapy; c) maintaining sterile surgical instruments, linens, threading, surgeon's hands, air in the operation theater, respiratory equipment, d) regular examinations of personnel to check make sure they are not carriers of bacilli, chronic infections, syphilis, AIDS. (There is check of sanitary books with the valid permission for work.)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.8 The results of pathohistological and cytological tests of removed tissues are input by the attending physician into the medical record, as well as into the medical record extract (if the express-biopsy was performed during the surgery, its results are input into the surgery protocol).

Results of the aforementioned examinations are input into the medical record stating the date and the number of the test, as well as the name of the person performing the test/

examination. There is a record book of pathohistological and cytological tests in the department.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6 Internal Medicine

3.6.1 Internal medicine care is organized into one service or can also be provided by separate departments. In either case, there is a clearly established organizational structure and the differentiation of the responsibility.

Organizational structure of the internal medicine service should be documented (a Hospital Regulation on the organizational structure of the service and the admission order stating patients' nomenclature, admission criteria, necessary examinations that have to be performed at the pre-hospital stage, etc.)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.2 Departments of internal medicine closely cooperate with each other and with other departments and services of the facility.

The interaction system among departments and services is documented, and these papers should be kept in each department, accessible to personnel.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.3 The internal medicine department is chaired by the department head (or a number of department heads if the service is divided among a number of departments) who has relevant experience of no less than five years, organizational knowledge and skills, and the appropriate skill category.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.4 The responsibilities of the chief of internal medicine include (but are not limited) to:

3.6.4.1 Direct control over the department performance, and over the performance of the department personnel.

Staff meetings are convened at least once a month. The agenda includes how personnel are fulfilling their job descriptions, general evaluation of the departmental performance, etc. Minutes are kept for each staff meeting..

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.4.2 Direct supervision over maintenance and improvement of the department physical plant.

The department head provides control over the appropriateness of the physical plant to the department needs, including alternative sources of financing (charities, etc.) to improve the physical plant.

Non compliance	minimum compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

Non compliance	minimum compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

0 point	1 point	2 points	3 points
---------	---------	----------	----------

0 point	1 point	2 points	3 points
---------	---------	----------	----------

3.6.4.3 Prioritizes the drug and medical equipment purchases for the department.

Having analyzed department activities, new health care technologies and marketing data, the department head prioritizes the purchases of medicine and medical equipment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.4.4 Controls compliance with sanitary norms and rules for prevention of accidents.

The department head records any violations of the sanitary norms and the rules of accident prevention by the department personnel and investigate each case.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.4.5 Provides departmental personnel the opportunity to participate in re-training and refresher training courses.

The department head physician and the head nurse formulate a program of professional advancement and schedule re-training and refresher training.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.4.6 Controls compliance with the norms of diagnostics and treatment.

Patients are admitted to the inpatient department only after all the possible examinations are done at the pre-admission stage, there are no duplicate tests or examinations.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.5 Physicians and nurses with the relevant experience of less than one year work under direct supervision of an experienced physician or a nurse (who has relevant experience of no less than five years). The degree of supervisor's responsibility has to be documented.

The degree of supervisor's responsibility has to be documented at the facility level for each specialty program

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.6 A physician in the admitting department examines the patient and studies the referral papers; if needed, he performs additional immediate procedures; he calls for an on-duty physician or a department head of the unit to which the patient is referred and together they consider the patient's admission issues. If there are any doubts concerning the diagnosis, consultants from other departments are called to specify the diagnosis.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6.7 In the case of simultaneous admission of multiple patients, a physician in the admission department and an on-duty physician (or the department head) determine the order in which

care will be provided to the patients. The decision is based on the rules governing the sequence of care provision, the patient's referral papers, and his medical examinations.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.7 Emergency and Urgent Care

Rayon and city hospitals may incorporate a department of emergency care. Its main purpose is to provide primary care in cases of emergency and trauma. If there is an emergency hospital in the residential area, other medical facilities may be exempted from the maintaining of the emergency department (services are arranged by local medical establishment).

3.7.1 To provide services to people, a department of emergency and urgent care should have an equipped ambulance(s) staffed by a special group including a physician, a feldsher, a driver and an attendant.

The ambulance staff is determined by separate provision, and duties are assigned according to job description.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.2 The number of ambulances should correspond to standards approved by MOH of Ukraine.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.3 Groups of emergency and urgent care providers can be general or specialized (cardiologic, pediatric, antishock, psychiatric etc.).

Each group should have necessary equipment, be staffed with appropriate professionals, and be trained in how to diagnose and treat the most common cases.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.4 An emergency and urgent care department should maintain close contacts with other medical facilities and city or rayon emergency care unit.

Lists of hospital and department urgent care duties, the procedure of admitting patients to the hospital, and interaction with other medical facilities should be well defined.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.5 The emergency and urgent care department is managed by the chief of the department who is specially trained and has at least five years of working experience, appropriate qualification, and knowledge and skills of services provided.

non	minimal	partial	full
-----	---------	---------	------

non	minimal	partial	full
-----	---------	---------	------

compliance	compliance	compliance	compliance
0 points	1 point	2 points	3 points

compliance	compliance	compliance	compliance
0 points	1 point	2 points	3 points

3.7.6 The responsibilities of the chief of emergency care include (but are not limited to) the following:

3.7.6.1 Directly controls the operation of the whole department, as well as its personnel. and over the performance of the department personnel.

Staff meetings are convened at least once a month. The agenda includes how personnel are fulfilling their job descriptions, general evaluation of the departmental performance, etc. Minutes are kept for each staff meeting..

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.7.6.2 Directly supervises maintenance and improvement of the department physical plant.

The department head directly monitors material resources and equipment so that they meet department needs, seeks alternative, non-budget sources of financing (charities, sponsors, etc.) to improve the physical plant.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.7.6.3 Sets priorities for medications, supplies and equipment acquisition.

Having analyzed the department performance, new methods of treatment and results of marketing studies the chief of the department should set priorities for medications, supplies and equipment acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6.4 Controls compliance with sanitary and accident prevention regulations.

The chief identifies violations of sanitary and accident prevention regulations by department personnel and investigates them.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6.5 Provides the possibility for the employees to participate in refresher training and re-training courses.

The chief of the department and the chief nurse should develop the programs of re-training and refresher training for employees and make up schedule of their attendance.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6.6 Controls proper succession of diagnostic and medical procedures according to approved standards of diagnostics and treatment of emergency cases along with determined volume and successive care provision.

The chief of the department should analyze personnel performance, identify errors in diagnostics and treatment and take measures to eliminate them.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.7 Physicians and nurses whose working experience is less than one year should work under direct control of a skilled physician or a nurse accordingly (who has work experience of no less than five years). The level of mentors responsibility should be recorded.

The level of mentors responsibility should be recorded at the hospital level and individual program of mastering professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.8 If hospitalization is needed, the patient is delivered to the hospital admission department with a referral form with data on the diagnosis, the volume of provided medical care and recommended further treatment (including the type of recommended department).

Each department has an approved referral form.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.9 Medical care of patients and victims of calamities is provided according to the approved rules of civil defense. The chief of the emergency care department is responsible for joint activities with civil defense forces until Chief Doctor arrival.

The procedure of joint activities is approved in special provision.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8 Outpatient Care

3.8.1 Outpatient care may be provided either by a single unit or through different departments. In any case there should be clear organization structure and responsibility distribution.

Organization structure of outpatient care is set forth in a special document (polyclinic order on organization structure of services and procedure of patients referred for examination).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.2 An outpatient polyclinic department should be staffed with certified physicians, nurses, attendants according to patients' visits and medical facility profile.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3 Outpatient polyclinic department requires the following for efficient operations:

3.8.3.1 A reception office

Reception office is responsible for patient registration and referring, keeping of medical records, registration of physicians' home visits, discharge bills for treatment, insurance or preparing of other financial documents. A new medical record should be initiated for each new patient; in the case of repeat visits patient's medical record is retrieved from archive. A patient's medical record as well as financial documents follow the patient through all stages of care and then return to reception office or accounting office at the end of the visit.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.2 Rooms for examination and treatment.

Patients should be examined and treated in conditions correspondent to the complexity and type of their diseases or traumas. Room should be equipped according to treatment requirements and number of patients.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.3 Ancillary services.

Ancillary departments perform diagnostic tests prescribed by outpatient department. Laboratory and x-ray room should be available at the outpatient department and easily accessible for patients. Complicated diagnostic equipment (such as CAT scanner or encephalograph) should be available at the nearest diagnostic center. In case of small hospitals where the level of ancillary services is not sufficient, patients should be referred to medical facilities of higher level or other than hospital diagnostic facilities should be used.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.4 Physical therapy services.

Physiotherapeutic services should be available at the amount sufficient to meet physicians prescriptions.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.4 Interaction between the outpatient department and diagnostic center should be based on an agreement on cooperation

Types of diagnostic tests, methods of payment and other aspects of cooperation between outpatient polyclinic department and diagnostic center should be stipulated by the agreement.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.5 There are approved forms of discharge summaries as well as procedures of passing over discharge summaries and medical records so that they follow patient within and beyond the medical facility, and a procedure for passing test results from the diagnostic center into the outpatient polyclinic department.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.6 A medical record should be filled in for each patient who receives outpatient care. The following information should be presented in a medical record:

3.8.6.1 Full name, place of residence, registration number.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.6.2 Case history and symptoms, traumas and surgeries in the past.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.6.3 Clinical investigation.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.6.4 Diagnostic and clinical prescriptions and their results

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.6.5 Diagnosis (preliminary and/or final) and outcomes of treatment.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.7 There are instructions set forth on all types of outpatient activities.

The rules of admitting patients, consultation by telephone, schedule of service succession depending on complexity of disease/trauma, referral patterns, patterns of tests and hospitalization etc. are presented in the instructions.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.8 The department is managed by the chief of the department who is specially trained and has not less than five years of working experience, appropriate skills and knowledge of service arrangement.

non compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

non compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

	e	e	
0 points	1 point	2 points	3 points

	e		
0 points	1 point	2 points	3 points

3.8.9 The chief of the outpatient care department should perform (but is not limited by) the following functions:

3.8.9.1 Direct control over the operation of the whole department, as well as personnel performance.

Staff meetings should take place at least once per month. At the meeting personnel performance according to the job description requirements is discussed and department operation is evaluated; the results should be recorded

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.9.2 Direct control over the maintenance and improvement of the department physical plant.

The chief of the department directly monitors material resources and equipment so they meet department needs, involves other than budget means for improving material resources, using charity funds, sponsors etc.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.9.3 Setting priorities for equipment acquisition.

Having analyzed department performance, new methods of treatment and results of marketing studies, the chief of the department should set priorities for medications and equipment acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.9.4 Control over the compliance with sanitary and accident prevention regulations.

The chief identifies violations of sanitary and accident prevention regulations by department personnel and investigates them.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.9.5 Providing the employees with the opportunity to participate in refresher training courses.

The chief of the department and chief nurse should develop the programs of re-training and refresher training for employees and make up schedule of their attendance.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.9.6 Control over proper sequence of diagnostic and clinical procedures.

Only patients who are fully examined should be accepted to the hospital; studies should not be duplicated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10 Physicians and nurses whose work experience is less than one year should work under direct control of a skilled physician or a nurse respectively (who has work experience of no less than five years). The level of mentors responsibility should be recorded.

The level of mentors responsibility should be recorded at hospital level and individual program of gaining professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9 Ancillary Services

Ancillary services (laboratories, x-ray room, departments of functional diagnostics) belong to hospital services. The type and the volume of provided ancillary services should be sufficient to meet hospital needs and depends on the number and contingent of patients.

3.9.1 Ancillary services are provided either by a single unit or by separate departments. In either case, a clear organization structure and responsibility distribution should be place.

Organization structure of ancillary services is documented (Polyclinic Regulation on organization structure of services and patterns of patient referrals for examination).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2 The chief of the department should perform (but is not limited by) the following functions:

3.9.2.1 Directly controls the operation of the whole department, as well as personnel performance.

Staff meetings should take place at least once per month. At the meeting the personnel performance according to the job description requirements is discussed and department operation is evaluated. Results should be recorded.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.2 Directly controls the maintenance and improvement of the department physical plant.

The chief of the department directly monitors material resources and equipment so that they meet department needs, involves other than budget means for improving physical plant, using charity funds, sponsors etc.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.3 Sets priorities for supplies and equipment acquisition.

Having analyzed the department operation, new methods of diagnostics and results of marketing studies the chief of the department should set priorities for supplies and equipment acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.4 Controls compliance with sanitary and accident prevention regulations.

The chief identifies violations of sanitary and accident prevention regulations by department personnel and investigates them.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.5 Provides the opportunity for employees to participate in re-training and refresher training courses.

The chief of the department and chief nurse should develop the programs of re-training and refresher training for employees and make up schedule of their attendance.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.6 Controls proper sequence of diagnostic procedures.

Tests must not be replicated (except non-informative ones), volume and terms of follow-up tests and studies must be approved by the attending physician.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.7 Controls the quality and timely performance of all tests and diagnostic procedures.

Quality is controlled according to the quality standards developed in the department.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.8 Controls quality and timely reporting on tests and diagnostic procedures results.

Tests and diagnostic procedures results should be reported to the attending physicians as soon as possible.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2.9 Controls the regularity of all diagnostic measurement equipment checks and calibration.

Every case of violation in regularity of checks and calibration should be identified and investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3 Medical personnel with work experience less than one year should work under the direct control of a skilled physician or a nurse respectively (who has work experience of not less than five years). The level of mentors responsibility should be recorded.

The level of mentors responsibility should be recorded at hospital level and individual programs of mastering professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.4 In a situation where it is not possible to provide diagnostic services due to equipment damage or lack of reagents or medications, the chief of the department acts as follows (but is not limited by the following):

3.9.4.1 Submits applications to appropriate organizations for equipment to be repaired or reagents and medications to be acquired.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.4.2 Notifies administration and physicians that tests cannot not be performed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.4.3 Defines alternative methods of performance jointly with administration

Solves the problem of the alternative methods of diagnostic procedures providing the same quality (patients can be referred to another hospital or diagnostic center).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.5 The laboratory should be equipped and supplied with reagents and medications to perform the following tests:

- Blood nitrogen;
- Blood albuminum;
- Blood amylase;
- Bacterioscopy;
- Hematocrit;

- Blood group and Rh-factor;
- Blood electrolytes;
- Enteroparasites (worm eggs in feces) ;
- General blood count;
- General urine analysis;
- General blood albumin;
- Occult blood in stool;
- Coagulogram;
- Creatinine phosphokinase;
- Blood creatinine;
- Blood lipids;
- Gimth's blood smear;
- Liver tests;
- Wassermann's reaction;
- Pregnancy test;
- Cumber's test;
- Lee White's test;
- Blood cholesterol;
- Blood sugar;
- Blood phosphatase and blood alkaline phosphatase ;
- Red blood cells sedimentation speed;

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.6 Oblast-level facilities should have sufficient equipment and supplies to perform the following tests in addition to those listed above:

- Australian antigen (Hepatitis B marker);
- Antistreptolisin O;
- Female hormonal tests (including follicle stimulating hormone)
- Blood ferum;
- Lactate dehydrogenase;
- Latex test;
- Luteinizing hormone;
- Prolactine;
- C-reactive protein;
- Tyroxine (T4) ;
- Triiodothyronine (T3);
- Thyrotrophin;

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.7 X-ray departments of small hospitals (<100 beds) should have at least one 100 mA power working x-ray machine. Large hospitals (more than 100 beds) should have at least one working 200 mA x-ray machine, a photoroentgenograph and radioscope screen.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.8 The radiologist should personally control x-ray pictures and provide full description of all discovered pathological changes.

The results of such investigation are documented in the log.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9 To provide quality examination the following performance indicators should be monitored.

3.9.9.1 Time limits for making diagnostic tests in case of urgent care.

Tests are provided as soon as possible.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9.2 Number of lost tests.

All lost tests should be recorded and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9.3 The number of damaged x-ray films.

All damaged x-ray films should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9.4 Number of repeat tests caused by dubious results of the preliminary ones.

All cases of repeat tests should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9.5 Incorrect collection of testing samples.

All cases should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9.6 Failed tests.

All cases should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9.7 Damaging patient's health by diagnostic procedures.

All cases should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10 Maternity and Child Care

Maternity and child care can be provided by departments of general profile hospitals or by separate medical establishments. Such specialized facilities can combine maternity home and children hospital; or they can perform as two separate units. Patients of these facilities have special needs which should be considered. Thus, the purpose of these facilities is not only to provide services but also to care about the physical and emotional well-being of their patients.

3.10.1 Obstetrics/GYN departments of the general profile hospitals should provide services according to the needs of the female patients and hospitals destination, its organizational

structure is determined and job descriptions are approved. Maternity homes should include the following departments:

3.10.1.1 Normal Delivery department.

3.10.1.2 Observational department.

3.10.1.3 Gynecological department

3.10.1.4 Pathologic pregnancy department.

3.10.1.5 Neonatal department.

3.10.1.6 Surgical suite.

3.10.1.7 Intensive care and anesthesiology department

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.2 Delivery department should be staffed with appropriate number of specially trained gynecologists, neonatologists, anesthesiologists and resuscitation providers.

Physicians should have accreditation category (for third level hospital). The heads of the departments should be accredited for the first category.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3 The chiefs of the maternity and children departments, regardless of hospital structure, are responsible for work arrangement and general performance results of their subordinate departments. The scope of their responsibilities includes but is not limited by the following:

3.10.3.1 Direct control over the operation of the whole department as well as personnel performance.

Staff meeting should take place at least once per month. At the meeting the personnel performance according to the job description requirements is discussed and department operations are evaluated, the results should be recorded.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.2 Direct control over the maintenance and improvement of the department's physical plant.

The chief of the department directly monitors material resources and equipment so that they meet department needs, involves other than budget means for improving physical plant, using charity funds, sponsors etc.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.3 Setting priorities for medications and equipment acquisition.

Having analyzed the department performance, new methods of diagnostics and treatment and results of marketing research, the chief of the department should set priorities for acquisition of medications and equipment.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.4 Control of compliance with sanitary and accident prevention regulations.

The chief identifies violations of sanitary and accident prevention regulations by department personnel and investigates each case. Control inoculation registers should be available as well as schedule of general building cleaning, instructions on surgeon's hands processing, disinfection, instruments and sterilization of other surgical materials. There should not be any case of the department closed on account of epidemic indicators in the course of the last three years. Personnel should be competent to discuss these problems.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.5 Providing the opportunity for the employees to participate in refresher training and re-training courses.

The chief of the department and the chief nurse should develop the programs of retraining and refresher knowledge or employees and make up schedule of their attendance.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.6 Control over proper sequence of diagnostic and clinical procedures.

The chief of the department should analyze personnel performance, identify errors in diagnostics and treatment and take measures to eliminate them.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.7 Physicians and nurses whose work experience is less than one year should work under direct control of a skilled physician or a nurse respectively (who has work experience of no less than five years). The level of mentors responsibility should be recorded.

The level of mentors responsibility should be recorded at the hospital level and individual programs of mastering professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.8 Control over proper conditions for providing medical care for the patients of the department.

The department should be provided with hot and cold water, sewerage system, food, electricity, heating, telephone connection, water linen and drug reserves.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.9 Control of the continuity of care by outpatient and ancillary services departments.

The quality of prehospital investigation is assessed as well as expediency of hospitalization, necessity of referrals for additional lab studies, the percentage of wrong preliminary diagnosis, adequacy of information for pathoanatomical study, quality of hospital discharge summaries, personal relations between in- and outpatient department physicians. An important factor is avoiding replication of tests, consultations and other additional studies.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.10 Control of the quality of medical care.

The chief of the department should provide full 100 percent expertise to inpatient medical records, case study and patient examination at least once per week. The chief of the department should organize clinical pathoanatomical conferences and consultations if needed. If some medical errors are identified the chief of the department should develop and implement or pass for administration consideration the plan of activities for their removal.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.3.11 Monitoring and development of up-to-date methods of diagnostics and treatment and their further implementation. The maternity house, obstetrics and GYN departments should be ready to provide the whole scope of specialized highly qualified care for pregnant women, mothers and the newborns. Obstetrics and GYN departments of the general profile hospitals can provide full scope of services equal to those of a specialized hospitals .

The chief of the department jointly with administration should set diagnostic and treatment trends of primary importance based on preliminary analytical consideration, the succession should be achieved in their practical implementation. The department should be ready to provide the whole scope of primary health care in emergency cases, including surgery (e.g. not all physicians can do extensive surgery such as uterus extirpation under the condition of profuse hemorrhage but the most skilled specialists should be ready to help by consultation).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.4 In case women with extragenital pathology need consultation, the administration should provide them with efficient specialist consultation. Later, the chief of the department supervises implementation of the specialist's recommendations.

The log calls for specialists to be available at the department. Specialists and department physicians record the information on patient's health status, diagnosis, recommended

additional studies, kind of treatment, follow-up visit to specialist (if necessary) in patient's medical record.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.5 The obstetrics department should have a separate admissions office for primary examination:

Upon admission the female patient should be examined by a physician, who makes a preliminary diagnosis, puts information into medical record and refers a pregnant woman to an appropriate department or a hospital. The patient can be referred to other specialized medical facilities if needed. The patient's blood pressure, temperature, weight should be measured, necessary samples for testing should be taken, proper hygienic conditions and other diagnostic procedures should be followed, and the patient's medical record and other documentation should be maintained (such as register log of patients' visits to the doctor or admissions to the hospital).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.6 The GYN department should perform its main functions.

The GYN department admits women with various gynecological disorders. It should occupy a separate building, or part of a building or floor. It should include surgical suites, medical treatment rooms, examination rooms, rooms for small surgery.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.7 The normal delivery department should perform its main functions.

The normal delivery department admits women with pregnancies without complications. Patients are admitted into the prenatal unit where they are examined by obstetrician/gynecologist who determines the time of delivery and type of delivery management, prescribes treatment if necessary.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.8 The prenatal unit should perform its main functions.

Women in labor should be admitted to the prenatal ward for continuous surveillance. Physicians and obstetricians continuously monitor women in the prenatal unit.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.9 Delivery room should perform its main function.

When the second labor period begins women should be transferred to the delivery room, which should be controlled by the obstetrician/gynecologist and midwife. The delivery room

should have equipment, instruments, medications for handling normal deliveries and means for stabilization of emergency cases that can develop as delivery complications. A neonatologist should be present at the moment of birth (if a neonatologist is not on duty 24 hours per day, an anesthesiologist or specially trained nurse or midwife can perform the functions) to provide the infant with resuscitation. The newborn should be cleansed, weighed and measured before the first feeding. Then the child is transferred to the nursery.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.10 The postnatal unit should perform its main functions.

Examination and supervising of mothers should be done by the gynecologist and nurse on duty. Mothers should be educated about breast care, breast feeding, and infant care. If needed, breast massage and straining should be performed. Before being discharged, women should be educated on family planning.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.11 The department of pathological pregnancy should perform its main functions.

The department of pathological pregnancy admits women with different pregnancy abnormalities and extragenital pathology for surveillance when first labor indicators begin or for diagnosis establishment. The department should provide medical and preventive treatment to avert possible complications in labor and prepare women for delivery.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.12 The observational department should perform its main functions.

The observation department admits women with fever, infectious pathology, women whose delivery were handled at home or women who were admitted without return records. Women from the normal labor department should be transferred to observation department if there are any indicators of infection, labor complication or extragenital pathology. The department should include prenatal and postnatal wards, delivery room, patient rooms, medical treatment rooms, female hygienic rooms and other rooms necessary for efficient medical care.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.13 The newborns department should perform its main functions.

Any medical establishment providing maternal services should include a newborns department. The newborns department should include an intensive therapy unit for critical newborns. If its resources are limited, the agreement on urgent referral of the critical newborn to a proper medical facility must be contracted.

3.10.13.1 The newborns department should be staffed with neonatologists, nurses trained to care for newborns and other personnel. Neonatologists and nurses should have special training including resuscitation methods and intensive therapy for newborns.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.13.2 The newborns department should have a room for collection and pasteurization of breast milk, served by specially trained personnel.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.14 To improve the quality of obstetrical gynecological care the following indicators should be regularly monitored.

These indicators testify about mothers` health status and labor outcomes. In case of shortcomings in diagnostic or treatment of pregnant women the chief of the department should investigate the reasons for them. Every item is subject to thorough investigation and discussion with personnel.

3.10.14.1 Lethal outcome.

Each case of lethal outcome should be studied at clinical conference. The administration should invite the major department specialists, specialists in pathology, representatives of the medical university departments and of other clinical establishments (if any available) to participate in the conference.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.14.2 Proper diagnostic and clinical procedures, clinical outcomes of each female pregnant patient with:

- aclampcia;
- embolism caused by amniotic fluid;
- uterine laceration;
- profuse uterine hemorrhage complicated by hemorrhagic shock;
- Mendelson syndrome;
- severe metroendometrios, complicated by toxicoseptic shock;
- premature detachment of placenta complicated by Couvelaire uterus development;
- other threats to the mother health;

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.14.3 Proper diagnostic and clinical procedures, clinical outcomes of each premature, immature or injured-at-birth newborn as well as infants with birth defects admitted to newborns intensive therapy department.

The chief of the department, medical director, consultants and representatives from other departments regularly supervise the quality and indicators of health care provided for such infants.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.14.4 Death of newborns above 500 g.

Each case of lethal outcome should be considered at clinical conference. The administration should invite the leading department specialists of the, specialists in pathoanatomy, representatives of the training departments and of other clinical establishments (if any available) to participate in the conference.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

Indicators estimated by the frequency of their occurrence

These indicators should be monitored constantly. Increase in frequency of their occurrence may indicate bad quality of medical care and requires investigation.

3.10.14.5 Infectious labor complications.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.14.6 Prenatal mortality

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.14.7 Parturient traumas

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.15 The children's department should have a separate admission office.

All patients should be examined in admission office, their health status should be assessed and preliminary diagnosis be set.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.16 A tutor from the department should explain to patient-child's parents the rules and schedule of department work. In the patients' free time (no diagnostic or medical procedures) a tutor conducts sessions in special room or in the yard.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10.17 Children department should have toys and books for children.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.11 Blood Service

3.11.1 The service should have a clear organizational structure and responsibility assignment.

Organizational structure of the blood service should be documented (a Hospital Statutory Regulation on the organizational structure of the department and the procedures of filing applications, indications and contra-indications for using blood preparations, blood substitutes, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.2 Blood service interacts with other departments and services of the facility.

The interaction between the blood service and other departments and services of the hospital should be thoroughly documented. Copies of the documents should be kept in all departments and be easily accessible to all personnel.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.3 The chief of the blood department (or several chiefs if the service is split into several sub-units) should have at least a five-year record of acting at a responsible position, expertise and skills of administrative work, and a corresponding skill category.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4 The responsibilities of the chief of the blood transfusion department include (but not limited to) the following:

3.11.4.1 Exercising direct control of the department's performance, as well as the individual performance of each employee.

Staff meetings should be held at least monthly to discuss the issues of performing job responsibilities, and evaluate the department's performance. Meeting minutes should be recorded.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.2 Exercising direct control of maintenance and upgrading the physical plant of the department.

The chief of the department directly monitors material resources and equipment so that they meet department needs, and seek non-budget means (charity funds, sponsors etc.) for improving the physical plant.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.3 Setting priorities in purchasing medicines and equipment.

Having analyzed the department performance, new methods of diagnostics and treatment and results of marketing research, the chief of the department should set priorities for acquisition of medications and equipment.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.4 Exercising control over the observance of the sanitary-hygiene standards and occupational safety requirements in the department.

The chief should identify and record all violations of sanitary and accident prevention regulations by department personnel and investigates each case in detail.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.5 Ensuring participation of all department personnel in the programs of professional advancement.

The department chief and chief nurse should formulate a program of professional advancement for all employees and its schedule.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.5 Physicians and nurses with the work experience of less than one year should work under direct supervision of an experienced physician or nurse (who have at least five years of work experience); responsibility level of supervisors should be documented.

At the hospital level the degree of responsibility of supervisors for actions of their subordinates and an individual program of professional advancement should be formulated.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.6 The store of blood and blood preparations should be kept in the hospital, regularly updated and constantly controlled by the department chief.

A record should kept of such supplies, and the quantity control and listing should be performed in accordance with the hospital's profile.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12 Pathology Service

3.12.1 The service should have a clear organizational structure and responsibility assignment.

Organizational structure of the pathology service should be documented (Hospital Statutory Regulation on the organizational structure of the department and daily procedures).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.2 The pathology service interacts with other departments and services of the facility.

The interaction between pathology and other departments and services of the hospital should be thoroughly documented; copies of the documents should be kept at all departments and be easily accessible to all personnel.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.3 The chief of the pathology service (or chiefs, if the service is split into several sub-units) should have at least a five-year record of acting in a responsible position, expertise and skills of administrative work, and a corresponding qualification category.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.4 The chief of the blood transfusion department is responsible for (but not limited by) the following:

3.12.4.1 Exercising direct control of the department's performance, as well as individual performance of each employee.

Staff meetings should be held at least monthly to discuss the issues of performing job responsibilities, evaluate department's performance; minutes should be recorded.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.4.2 Exercising direct control of maintaining and upgrading the physical plant of the department.

The department chief should control compliance of the physical plant with the needs of the department and seek non-budget financing (charitable funds, sponsors' contributions, etc.) to improve it.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.4.3 Setting priorities in purchasing medicines and equipment.

Having analyzed the department performance, new methods of diagnostics and treatment and results of marketing research, the chief of the department should set priorities for acquisition of medications and equipment.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.4.4 Exercising control of the observance of the sanitary- hygienic and occupational safety requirements in the department.

The chief should record all violations of sanitary and hygienic standards and occupational safety requirements by department employees and investigate each such occurrence in detail.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.4.5 Ensuring participation of all personnel of the department in the programs of professional advancement.

The departments chief and chief nurse should formulate a program of professional advancement for the employees and its schedule.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.5 Physicians and nurses with work experience of less then one year should work under direct supervision of an experienced physician or nurse (who has at least five years of work experience); responsibility level of supervisors should be documented.

At the hospital level the degree of responsibility of supervisors for their subordinates actions and an individual program of professional advancement should be developed.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.6 The autopsy is performed in the presence of the attending physicians or other clinical department physicians Results should be recorded, and the pathologic diagnosis should be set no later than three days after the autopsy.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.12.7 The results of pathologic histological and cytological examinations should be delivered to the clinical departments no later than six days from the moment of receiving samples.

Reception of samples and delivery of results of pathologic histological and cytological examinations should be documented.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4. HOSPITAL MANAGEMENT

4.1. Every hospital should have the following management structure:

In large hospitals the vacant positions can be filled full-time, in smaller ones one employee can work part-time in two positions.

- 4.1.1 Chief doctor (administrative director).
- 4.1.2 Medical director.
- 4.1.3 Financial director.
- 4.1.4 Human resources director.
- 4.1.5 Administration and maintenance director.
- 4.1.6 Director of outpatient services.
- 4.1.7 Occupational safety director.
- 4.1.8 Director of nursing services.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2. The chief doctor is responsible for day-to-day leadership of the hospital. The scope of chief doctor's responsibilities includes, but is not limited by the following:

4.2.1 Development and implementation the quality of treatment standards.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.2 Purchase of all stock in accordance with the hospital's priorities.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.3 Supervision of observance of the occupational safety requirements by health care professionals and patients.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.4 Performing short- and long-term practical activity and financial planning, assessing the relevance of formulated plans in terms of future needs of the population profile.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.5 Implementation and utilization. regular revision and update of written instructions regulating the activity of the hospitals' departments.

Written instructions are to be known and easily accessible to all personnel. Written instruction should encompass, but are not limited by the following:

4.2.5.1 Information on the profile of the population served by the hospital.

The sex and age structure of the population, and other important characteristics should be included.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.5.2 Hospital work schedule:

Description of the basic medical programs delivered by the hospital (inpatient department, day-stay department and ambulatory-polyclinic care), reception and hospital admission procedure, priority of care delivery depending on the complexity of the case or trauma.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.6 Control the performance of the informational and analytical service of the hospital.

Indicators to be analyzed in a timely way include, but are not limited by the following:

- bed-day;
- average length of stay;
- number of ambulatory visits;
- number of referrals;
- number of vaccinated patients;
- causes of mortality;
- causes of nosocomial infections;

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.7 Provision of continuity of medical and technical education and retraining for all hospital personnel.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.8 Provision of financial stability of the medical facility within the available resources.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.9 Settling contracts for transportation services and supply of medical equipment and medicines.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.10 Strengthening and upgrading physical plant of the facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.12 The chief doctor holds a weekly council with deputies, department chiefs, and chief nurses.

At the meetings all services present a report, their performance is analyzed, current issues are discussed, emergency situations are analyzed, and joint decisions regarding best solutions of the given problems are made. Minutes are taken of every meeting.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3. The medical director executes daily control of delivery of medical services. He/she is answerable for the quality of performance before the chief doctor and his responsibilities include, but are not limited by the following:

4.3.1 To establish and assess the results of treatment, based on the program of quality of treatment standards.

The given program should be based on the continuous control of results of treatment through the assessment of the following indicators: mortality, nosocomial infection, repeated admission. Every hospital department should develop and introduce detailed treatment quality standards. The unsatisfactory results of treatment should be analyzed, reasons for the origination should be investigated and measures should be taken to avert future incidents.

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

0 points	1 points	2 points	3 points
-----------------	-----------------	-----------------	-----------------

0 points	1 points	2 points	3 points
-----------------	-----------------	-----------------	-----------------

4.3.2 To plan and control the system of diagnostic and treatment procedures.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3.3 To plan and control consumption of medicines in the medical facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3.4 To evaluate clinical performance of all departments. To plan and supervise retraining of specialists, hospital conferences and seminars on medical issues.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3.5 To determine patients' satisfaction with the quality of care received by means of sociological or selective surveys.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.4. Daily supervision of the facility's financing and utilization of resources is executed by the financial director. In this activity he/she is subordinate to the chief doctor and his/her responsibilities include, but are not limited by the following:

4.4.1. To project, plan and manage the hospitals' budget.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.4.2. To calculate and control all revenues and expenses of the facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.4.3 To develop and supervise the implementation of the staffing schedule, which includes the following data: number of FTEs, salaries and bonuses, etc.

4.4.4 To produce financial reports quarterly and annually.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.5. Human resources director supervises performance of physicians, nurses and ancillary medical personnel daily. He/she reports to the chief administrator and his responsibilities include, but are not limited by the following:

4.5.1 To institute the contract system and job descriptions for all facility employees.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.5.2 To ensure compliance with the law in hiring and dismissing facility employees.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6. The maintenance and administration director executes daily control and provision of the day-to-day needs of the facility. In his/her activity he/she is reports to the chief doctor. His/her responsibilities include, but are not limited by the following:

4.6.1 To ensure observance of the maintenance requirements of the premises, engineering equipment, networks and systems.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6.2 To determine the facility's demand for equipment and materials is in accordance with the facility's profile.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6.3 To inspect execution of contracts and agreement liabilities (for transportation services, medical equipment and medicines supplies, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6.4 To exercise control over fuel and power supply consumption.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7 The occupational safety director exercises control of the observance of the occupational safety requirements. In his/her activity he/ she reports to the chief doctor. His/her responsibilities include, but are not limited by the following:

4.7.1 To institute organizational and technical precautions to avert accidents in production.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7.2 To execute operative control of the safety requirements observance.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7.3 To conduct training courses and examine knowledge of the managers of structural subdivisions on occupational safety issues.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7.4 To analyze the causes of accidents and develop measures to avert future incidents.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5. PERSONNEL

5.1 The personnel policies should be developed, adopted and maintained properly to achieve medical facility objectives and to provide a sufficient number of skilled employees during all hours of performance. Personnel policies should cover certain actions for recruiting, contracting, promoting and dismissing staff. The personnel policies are applicable to all staff. Documents on the given issues should be easily accessible and discussed beforehand with all new employees.

The personnel policy documentation should cover the following issues

5.1.1. Employee benefits (vacation length, social security, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.2 Recruitment and contracting.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.3 Promotion.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.4 Professional training.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.5 Employee grievance consideration procedures.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.6 Occupational safety control and prevention of accidents and injuries.

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

0 points	1 points	2 points	3 points
-----------------	-----------------	-----------------	-----------------

0 points	1 points	2 points	3 points
-----------------	-----------------	-----------------	-----------------

5.1.7 Disciplinary penalties.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.8 Dismissal regulations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.9 Wages and work hours.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.10 Internal regime.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.11 Responsibility assignment and organizational structure.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.12 Performance appraisal criteria.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2. A personnel file should be kept for each employee and contain the following documents:

5.2.1 Job application.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.2 Copies of documents verifying education, re-training, licenses, university degrees, categories and titles.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.3 Salary received.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.4 Notifications on initial and subsequent health clearances.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.5 Incentives and disciplinary penalties.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.3. Human Resources director is responsible for the implementation and coordination of personnel policies and procedures and personnel management. His responsibilities include, but are not limited by the following:

- to control of the staffing schedule observance;
- to formulate and implement the Human Resources department performance plan;
- to control maintenance of the personnel files;
- to inform employees of changes in the staff management regulations;
- to control the accuracy of filling out hiring and dismissal documents;
- to prepare an annual statistical report on human resources issues.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4 A written job description should be developed for each position in the organization. It should include the following items:

5.4.1 Position title.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.2. Rights and responsibilities.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.3 Scope of work.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.4 Skill requirements.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.5 Subordination structure.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.6 Degree of responsibility for performed work.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.7 Location of the working place; materials and equipment, if any.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.5 Performance should be appraised in accordance with the degree of satisfying position requirements and performance results.

Performance evaluation criteria should be valid, substantial and objective. If any discrepancy between the employee's actual performance results and appropriate job performance exists, the employee must be informed of the skills and attitude expected from

him/her and should be encouraged to perform the job according to those requirements. Appropriate training curricula should be considered.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.6 Training and re-training programs should be developed for administrative, medical and ancillary personnel.

Personnel training should be carried out under the supervision of highly professional specialists. The training and re-training curricula should reflect any changes taking place in the medical facility concerning medical services delivery and management, and prepare employees for promotion and assuming greater responsibilities.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.7 Adequate preliminary interviews for all new employees should be developed.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.8 Long-term programs for continuous professional advancement of the personnel should be projected.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.9 Quality of treatment assessment and quality assurance activities are an important constituent part of the training program curricula.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.10. Staff education and skill enhancement programs effectiveness should be appraised at least annually.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.11 The role of a physician is to perform diagnostic and therapeutic procedures as well as other services in accordance with the internal facility rules. A physician is required to make all the necessary writings on patient's condition in the medical record timely, including information about prescribed medicines and their doses, diagnostic and treatment procedures, diagnoses and prognoses.

The physician is required to:

5.11.1 Prescribe type and scope of diagnostic tests and therapeutic procedures to be performed.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.11.2 To describe to the patients all inherent risks of prescribed diagnostic tests and therapeutic procedures, their usefulness and positive effects as well as possible consequences of not being treated.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.11.3 To establish clinical diagnosis and determine the relevant treatment: (inpatient, outpatient, home care).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.11.4 If there is any doubt in determining diagnosis, or prescribing therapeutic procedures, the physician must call in a consultant or seek advice from his colleagues. It is also that physician's responsibility to consult his colleagues upon their request.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.12. The medical facility should have a sufficient number of highly professional nursing personnel to provide nursing care 24 hours a day.

The core of nursing care is delivering high quality nursing care and satisfying patients' requests.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.13. The role of a nurse is to assist a physician in the course of diagnostic procedures and treatment, and to provide medical care in accordance with the job description and internal regime regulations set by the chief doctor.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.14 Nursing care is supervised by the director of Nursing Services, who has special training and administrative background.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.15 The director of Nursing Services is endowed with all responsibility and authority to assure quality nursing care.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.16 All department chief nurses are subordinated to the director of Nursing Services of the facility and department chiefs.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.17 The director of Nursing Services ensures liaison between the physicians and nurses.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.18 The Human Resources department approves the nursing care regulations and regime in accordance with the nurse's proficiency level and work place.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.19 The nursing care standards and evaluation criteria should be established.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.20 Nursing staff is encouraged to participate in staff education programs.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.21 Performance of nursing personnel is evaluated/accredited in defined time intervals.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.22 Nurses assigned to work in special units should have specialized training, adequate proficiency and experience.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.23 The attendants' role is to provide support services according to their job description and facility regulations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6. ECONOMICS AND FINANCE

The main objective of the medical facility's Economics and Finance Department (EFD) is to attain and maintain sound financial standing of the facility. The EFD provides bookkeeping, collection and rational utilization of economic and financial resources to ensure stability of facility's performance and compliance with the established standards.

6.1. The EFD is a constituent part of the facility and interacts closely with all other departments and services on financial issues. It comprises the Economics and Finance department proper and Accountancy.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.2 The EFD should interact with all local financial organizations and other public bodies.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.3 Irrespective of the workload the EFD should perform the following functions:

6.3.1 Control of the physical plant supplies.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.3.2 Accounting (book-keeping).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.3.3 Financial management.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.4 The number of the EFD staff is determined by the volume of facility activities.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.5 All EFD employees should have specialized education or be specially trained and present a diploma or certificate according to the wage rates and skills handbook regulations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.6 The EFD should be adequately equipped to provide uninterrupted performance of the department.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7 The chief accountant or a specific EFD chief heads the Economics and Finance department. He/she is subordinated to the chief doctor. The scope of his/her responsibilities includes but are not limited by the following:

6.7.1 To prognosticate, plan and allocate financial resources to structural subdivisions.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.2 To timely finance all types of facility's activity.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.3 To settle contracts and agreements with entities endowed with material liability, subdivisions and organizations, delivering services to the facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.4 To ensure compliance of the health staff with financial discipline (accounting, reporting and inventory).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.5 To draw up the staffing schedule, service price list and expenditure budget in accordance with the facility's performed activity.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.6 To define and supervise implementation of the job description of each employee of the service.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.7 To realize financial operations in a timely manner.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.8 To exercise control to ensure economical and rational utilization of allocated funds and material resources of the medical facility as a whole and to each of its subdivisions.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.9 To oversee the compliance of the facility's economic and financial activity with established indicators and inform leadership of shortcomings detected in a timely way.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.10 To observe bookkeeping and reporting requirements stipulated by the regulations and legislation.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.11 To ensure that revenues received from user fees is recorded properly.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.12 To exercise continuous control of the timely settlement for services delivered by the facility to other organizations and establishments.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.13 To regularly inspect bank accounts and analyze defaulted payments.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.14 To analyze actual expenditures of the medical facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.15 To analyze the impact of the introduction of new medical equipment and new treatment techniques on the prime costs of the services.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.16 To calculate the cost of new services in accordance with the existing methods.

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

	e	e	
0 points	1 points	2 points	3 points

0 points	1 points	2 points	3 points

6.7.17 To be well-informed about current legislation related to the issues of economic and financial activity, labor payments, price formation, etc.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.18 To control ratification of insurance contracts.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.19 To provide information on economical and financial activity of the facility on request of management and law-enforcement bodies.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.20 To exercise continuous control of all sources of financing.

Sources of financing that are to be continuously controlled:

6.7.20.1 Budget allocations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.20.2 Payments for services delivered to enterprises and organizations on the basis of voluntary medical insurance.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.20.3 Payments for additional services and amenities delivered by the facility (additional meals, refrigerator, television set, telephone in the ward, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.20.4 Payments for lease of premises, vehicles and equipment from other organizations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.20.5 Profit from the sale of the facility's associated properties or business production.

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

	e	e	
0 points	1 points	2 points	3 points

0 points	1 points	2 points	3 points

6.7.20.6 Sponsors' contributions, donations and investments.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21 Financial activity of the hospital should be analyzed regularly and thoroughly, and results should be submitted to the chief doctor quarterly. Specifically, the following documents are subject to financial analysis :

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.1 Annual report (annually).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.2 Balance of revenues and expenditures (quarterly).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.3 Settled bills (monthly).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.4 Incoming assets (monthly).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.5 Current debts in payments (twice a month).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.6 Capital inventory (annually).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.7 Inventory of supplies (annually).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.21.8 Inventory of the circulating assets (semi-annually).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7.22 Timely submission of statistical reports.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7. MEDICAL INFORMATION AND ANALYSIS SERVICE

The Medical Information and Analysis (MIA) Service will integrate the activities of several subdivisions, namely the Department of Organization and Methods; its sub-unit, the Statistics Department; and the independent Automated Control Systems (Financial Management Information Systems) Department, which are closely connected with other hospital units.

Data collection is performed primarily by the Statistics Department. and consolidated by the Automated Control Systems Department. The Department of Organization and Methods performs the bulk of analysis and submits recommendations.

The facility should maintain a clear-cut system to monitor performance indicators which have proven to be most essential over the years. There should be several groups of indicators for daily, weekly, monthly, quarterly and annual control; and there should be forms for accumulating such indicators: daily staff briefings, regular rounds (clinical, administrative, special), etc.

Hospital administrators should pay constant attention to the advancement of existing organizational forms (development a unified format for various documents, optimization and standardization of information storage, organizing activity to improve use of documents), as well as implementation of the new mechanisms (Automated Control Systems Department upgrading, formation and extension of the database, development of the hospital computer network, etc.).

The MIA Service statistical data should be used when doing planning for the facility. Planning for organizational, clinical and financial performance is done for stipulated timespans (month, quarter, six months, year).

The MIA Service is one of the main links of the facility with local administration and other medical facilities. The Service receives directive and regulatory documents and applies them to the facility's activities. On the other hand, the results of the diagnostic and treatment activity of the facility after processing are presented to non-clinical institutions (Medical Statistics Department, Oblast Administration, Ministry of Health, etc.).

7.1. All the data accumulated by the MIA Service should be analyzed and used to improve hospital's performance.

All information flows to the Department of Organization and Methods, the main information integration base, which delivers information to the administration and subdivisions.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.1.1. All results of analysis of statistic data should be submitted to the chief doctor within three days.

Unified format documents (patient flow, financial and economic information) should be submitted to the chief doctor before the beginning of the working day.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.1.2. All results of statistic data analysis should be submitted to the department chiefs within five days of completion.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.2. Every facility regardless of its capacity should collect the following types of information:

The following information is to be collected timely and submitted for analysis without delay:

7.2.1. Clinical (medical and statistic as well as quality indicators).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.2.2. Financial and economic.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3. The main source of clinical information is a case report (case history) and statistical documentation certified by the national statistics office. All medical facilities should submit the following forms of statistic reporting in a timely manner:

7.3.1. Inpatient discharge card (form type F-066U).

Should be completed by each physician on discharging a patient from the inpatient unit; diagnosis code and other important information should be included.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.2. Admission and patient flow chart (form type 7).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.3. Outpatient medical record (F 025U)

Stored at the polyclinic statistics department; regularly information is transferred to the Department of statistics and organization.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.4. Outpatient physicians performance control (F 39U)

Should be stored at the polyclinic statistics department; the information should be regularly transferred to the Department of Organization and Methods.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.5. Ancillary departments log (physiotherapy, exercise room, laboratory, x-ray unit, etc.).

Should be kept at the Department of Organization and Methods, formed from the incoming information from the statistics department.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.6. Autopsy log

The log is filled out and kept timely and is actively used by the administration for quality of treatment assessment and identification of cases of failure to diagnose.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.7. Hospital outpatient care log.

Ambulatory care is delivered at the polyclinic and documents are kept there.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.8. Register of emergency reports (informational, analytical, etc.) log.

The main purpose of emergency reports is give information the occurrence of infection (Ministry of Health form 60) The activity is controlled by the epidemiological service.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.9. Blood and its components registration, storage and transfusion log.

This log should exist in every surgery subdivision (except ophthalmology), controlled by the department chief, medical director and a physician from the blood transfusion department.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.10. Nosocomial infections control log.

This log is controlled by the epidemiologist, who should keep track of post-injection abscesses, post-operative complications, cases of viral hepatitis, etc.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.11. Surgery control log.

Surgery control logs should be filled out in a timely manner and widely used for analytical work in the hospital.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.4. Collection, recording, accumulation, statistic processing and dissemination of information is performed by the Registration and Medical Statistics office within the time limits set and under the procedures ratified by the Ministry of Health of Ukraine.

Statistic analysis is executed monthly, quarterly, and semiannually in accordance with the regulations of the Ministry of Statistics.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.5. Results of analysis are discussed by the administration with employees of each subdivision, and plans to eliminate shortcomings and enhance performance are formulated.

Regular meetings should be held with the subdivisions managers to discuss the analysis results and to project proposals for improvement.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.6. Financial and economic information is analyzed and applied in the decision-making process.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.7. Financial information is based on the department reports, accounts, physician performance reports, inventory and write-off documents, staffing schedules, legislative,

instructive and regulatory documents, records and reports forms that are meant for financial and economic service.

Inventories are submitted directly to Accounting. Work schedules should be submitted at the end of the month and serve as a basis for calculating Article 1 expenditures (labor payments). All other documents are information sources; feedback documents in electronic form are obtained from the City and Oblast Health Administrations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.8. Financial and economic information from the inpatient subdivisions (clinical departments, pharmacy, workshops) in the format of document copies and registration documents (work schedules, inventory acts, write-offs) is collected by the corresponding accounting subdivisions (material and financial means, hospital economists, etc.).

All given documents are collected in the Economics Department; all overhead expenditures are inspected and submitted to Accounting.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.9. The sources of financial information include, but are not limited by the following:

7.9.1 **Daily:** admission and patient flow card (from type F-007U), number of occupied beds.

The daily reports that should be submitted are the above, as well as utilization of bed capacity, bed turnover, number of treated patients.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.9.2 **Monthly:** bed utilization indicators, number of ambulatory visits, nutrition costs, income of financial and other resources, labor tax.

All the above indicators and medicines report should be submitted in a timely manner.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.10. Financial and economic information is analyzed by the Economics and Financing, and Accounting Departments of the facility and submitted to the chief physician.

Financial and economic information is analyzed by the financial and economics department and accountancy of the facility and submitted to the chief physician monthly. It should cover the status of all resources and assets of the facility

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

8. METROLOGICAL SAFETY

8.1 The person responsible for metrological provision has educational certification and is appointed by the facility administration.

His responsibilities include the following:

8.1.1 Compiling the list of measurement equipment the facility disposes of.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.2 Compiling and proper production of the public audit schedule for measurement equipment.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.3 Designating specific marked measurement equipment for study and indicator purposes.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.4 Designating and storing the measurement equipment which is not utilized temporarily.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.5 Check-up of the measurement equipment involved in health care provision.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.6 Regular calibration of diagnostic measurement equipment.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.7 Provision of metrological service with sufficient amount of regulative documents.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.8 Provision of clinical and diagnostic laboratories with certified methodologies of measurement.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.9 Control over biological research with application of the reagents allowed by the Ministry of Health. Control over the quality of the aforementioned.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.10 Provision of clinical and diagnostic laboratories with serum for systematic control over biochemical research.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.11 Provision of control materials for the quality assessment of hematological and coagulological research activities.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.12 Controlling application of non-unified methods of research.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.13 Identifying the violations of the measurement methods.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.14 Control over compliance with methodological documentation used for performing research and as well as standards, measurement rules and regulations.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9. EPIDEMIOLOGY

9.1 Epidemiology control is carried out by specific subunits and the epidemiology committee within the facility.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2 The head of the epidemiology committee is subordinate to the chief doctor.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3 The sphere of responsibilities of the committee includes the following:

9.3.1 Provision and maintenance of the conditions of safety for patients and personnel.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.2 Development and introduction of wide-ranging preventive activities against nosocomial infections.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.3 Development and introduction of specific activities against spreading of contagious diseases.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.4 Control over the supply of patients with quality foods.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.5 Provision of compliance of hospital wards with public regulations.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.6 Provision of permanent and effective hot and cold water supply.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.7 Provision of uninterrupted and effective sewerage supply system.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.8 Provision of timely compliance with sanitary standards for elimination of refuse.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.9 Provision of safe and timely elimination of biologically hazardous materials.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.10 Provision of cleanliness and appropriate sanitation of the hospital building and wards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.11 Provision of cleanliness and functioning of all the pipelines within the site particularly where patients are placed.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.12 Provision of functioning heating and ventilation systems.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.13 Provision of maintenance activities which comply with safety standards both for personnel and patients.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3.14 Control over the construction of new sites, and the maintenance of existing ones in compliance with public standards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.4 Prevention programs on detection of morbidity among the personnel are carried out on a regular basis.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.5 The data in the sanitary records is renewed not less than once a year. The occupational exams are carried out in a timely manner.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.6 The rules on aseptic and antiseptic measures are available for the whole facility and for every separate subunit like sterilization, surgery, GYN, infectious diseases departments, laundry, kitchen, procedure rooms, pharmacy and others.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.7 Control over the functioning of disinfection devices, the range of disinfection processing in somatic, surgery, pediatric, GYN and infectious diseases departments.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.8 Provision of detergents and disinfecting supplies to the departments according to the priorities set by the facility.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.9 The check-up of the facility kitchen, ensuring that food transport and storage is carried out on a weekly basis.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.10 The sanitary education program for all assistant personnel (laundry, kitchen, etc.) is developed and implemented. Educational briefing takes place twice a year.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.11 The program of sanitary education activities involves all medical personnel and is reviewed annually.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12 For the aim of upgrading quality of services the following indicators are controlled uninterruptedly. If not in compliance with the standards, the head of epidemiology committee identifies the precedents and the ways to eliminate those.

Indicators Subject to Mandatory Control:

The following indicators imply worsening in the patients' conditions. Every single violation should be subject to the thorough investigation:

9.12.1 Supply of low-quality foods.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12.2 Cease of sewerage functioning.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12.3 Cease of water supply.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12.4 Unsatisfactory ward conditions.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10. BUILDING STANDARDS

These standards aim to ensure that the facility's building functions safely for patients, personnel and visitors. It also provides defines conditions for the performance of appropriate diagnostic and curative procedures.

10.1 The emergency fire plan is available for personnel, patients and visitors.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.2 The physical plant complies with requirements for the types of patients in the facility.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.3 Buildings are in compliance with the standards and regulations adopted by the Ministry of Health. Any issue on the maintenance of proper unit conditions is judged by the chief doctor's deputy for administration/maintenance

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4 The responsibilities of the chief doctor's deputy for administration/maintenance include but are not limited by the following:

10.4.1 Providing the predictions and the plan of unit building maintenance.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.2 Providing the operations of all facility subunits, establishing a control system over maintenance activities.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.3 Executing and monitoring maintenance contracts.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.4 Establishing the control systems and operational analysis of maintenance supply services.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.5 Promptly informing the chief doctor on emergencies and possible failures in maintenance service.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.5 Every department should have minimum set of medical and other equipment, devices and supplies according to the regulations set by the Ministry of Health of Ukraine.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.6 Maintenance service provides facility with furniture and linens in compliance with sanitary standards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.7 Maintenance service provides the facility with necessary transportation. The health unit should have its vehicles, or otherwise contract with an outside company to provide transportation.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.8 If the maintenance unit is not able to provide required service then the head of the department is obligated to:

- inform the department which requested for the service about the impossibility of such;
- identify alternatives for the service with the head of the department which made the request;
- if a final decision is not made and there is a possibility of adverse results, then inform the chief doctor;
- make the most effective decision that will resolve the problem.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.9 The facility building(s) and campus should have electric light, heating, water supply, sewerage, ventilation, green plants, internal road network, sites designated for refuse, etc., according to the requirements of Epidemiology Unit Regulations.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.10 Urgent care services (GYN, newborns' room, surgery, resuscitation, ambulance, blood bank and others) should be provided with emergency electric, heating and water supply networks.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.11 Services and departments should be provided with effective internal and external telephone communication lines.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11. QUALITY ASSESSMENT OF HEALTH SERVICES

11.1 The facility should develop a quality of care assessment program and find the ways of its improvement. Medical services or care is rendered by all the subunits of the hospital. The process of quality improvement has cyclic nature. It also has an attribute of dynamics and continuity. Its components are as follows:

11.1.1 Every structural subunit (clinical or ancillary) should dispose of the list of the major types of activities on health care provision and quality assessment techniques.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.2 The head of every structural subunit should control and assess the fulfillment of the aforementioned activities considering indicators such as accessibility, timeliness, completeness, health care quality.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.3 Every structural subunit should have the system of quality indicators integrated with the quality standards of this department.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.4 The database which characterizes the operations in the department should be formed and renewed periodically. It should include the following indicators:

- bed turn-over;
- bed/day fulfillment;
- number of surgeries per diagnosis;
- surgical activity;
- average length of stay (general, pre-surgery, post-surgery);
- percentage of repeated operations;
- percentage of post-surgery complications;
- mortality (general, pre-surgery, post-surgery);
- percentage of deviations in diagnosis (clinical and anatomicopathological);
- percentage of social diseases;
- number of patients' complains;
- nosocomial infections;
- percentage of patients who could have received care of lower volume;
- list of test, diagnostic procedures, and their level of appropriateness to departmental requirements..

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.5 Database analysis is carried out by the department chief or his appointee. The analysis provides information for quality assessment.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.6 The department chief or his appointee use the analysis as a tool to set priorities in upgrading the quality of department activities which are discussed with personnel on a monthly basis.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.7 The department head, along with the facility administration, develops the plan on upgrading health care quality

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.8 A mutually agreed-upon plan is put into operation.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.9 The effectiveness of the measures taken is evaluated by the further accumulation and analysis of the data.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.10 At the end of every year the department head prepares a written report on the operations in the department and identifies additional ways to upgrade the quality of care.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

ZDRAVREFORM MANUAL 0528
UKRAINE MANUAL PRODUCT I-B

**Manual of Accreditation
of Medical Facilities in Ukraine**
August 1997

and Technical Note 0877, Ukr-26

**Accreditation Standards
for Primary Health Care in Ukraine**
June 1997

Ukraine Product IB

MANUAL ON ACCREDITATION OF MEDICAL FACILITIES IN UKRAINE

Omelchenko V.V.
Sheldon Cohen
Guk A.P.
Morozov A.N.
Sitnik L.I.
Demchenko I.B.
Janet Farrell
Oleksiyuk T.A.
Atanasova N.V.

submitted by the *ZdravReform* Program
to USAID/ENI/HR/HP

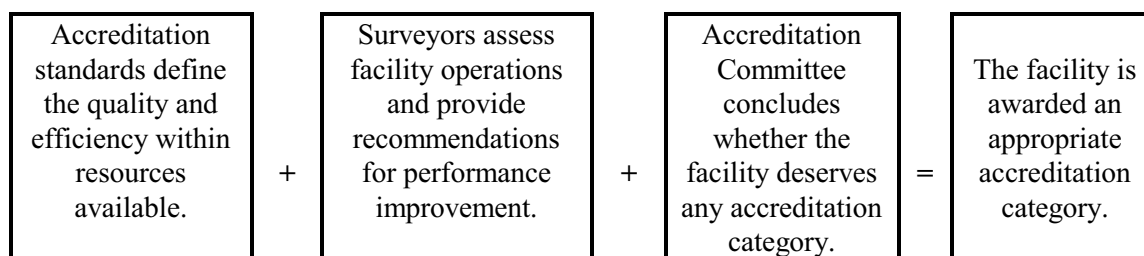
AID Contract No. CCN-0004-C-00-4023-00
Managed by Abt Associates Inc
with offices in Bethesda, Maryland, USA
Moscow, Russia; Almaty, Kazakstan; Kiev, Ukraine

May 1997

ACCREDITATION

Accreditation is the process of evaluating a health facility according to a set of standards which define activities and structures that directly contribute to desirable patient outcomes. Accreditation is official recognition that a health care facility complies with the standards, thus guaranteeing that it can provide high quality health services. In the future, facility accreditation will be a necessary predicate to signing a contract with an insurance company. Unlike other other supervisory processes, accreditation is performed at the initiative of the facility; is done after substantial preparatory work; and is within the sphere of interest of the facility, as the accreditation certificate confers on the facility prestige, compatibility, and financial well-being.

Accreditation Process



The primary task of the quality improvement process is the achievement of the greatest possible reduction in patient morbidity, mortality and disability rates and the fastest possible patient rehabilitation, with the most efficient utilization of the facility resources available. Quality medical care may not achieve the ideal level of care, but it is the best possible care that can be provided under actual conditions faced by providers. The core idea behind the accreditation system is the belief that Chief Doctors and hospital staffs are willing to provide high quality care, but need ideas on how to achieve it under the condition of limited resources and limited possibilities of their utilization.

The standards are based on the principle that the will use the accreditation procedure as a tool for personnel training. The standards are a broad range of up-to-date professional criteria that relate to all aspects of facility activities, describing the successful models for the personnel and administration based on the principle "how to do manual", and pointing our possible problem indicators. They are used by the facility as to prepare for the accreditation assessment and by the accreditation committee to implement the assessment. As a rule, the comments and recommendations of the accreditation experts find some activities that need improvement.

The evaluation of the facility in accordance with the accreditation standards is done by rating the facility on each point (standard)/subpoint. An explanation of each point/subpoint is written in *italics*. Ratings are marked in the table under each point/subpoint: The table on the left is for facility self-evaluation done before the Accreditation Committee arrives; the table on the right is for the committee evaluators. Ratings are on a point scale: *non-compliance=0*

point; minimum compliance=1 point;partial compliance=2 points; full compliance=3 points.
Grading is based on the total points earned: higher category=total over 90 percent of maximum, 1st category=total score ranged from 70-90 percent, 2nd category=total score ranges from 60-69 percent. If the facility total score is lower than 60 percent, an accreditation certificate of the 2nd category is granted conditionally or for a period of no more than three years, or it is not granted at all until all the recommendations of the accreditation committee are implemented.

ACCREDITATION STANDARDS FOR THE HEALTH FACILITIES OF UKRAINE

1. PATIENT RIGHTS:

1.1 Patients are informed of all the aspects related to the disease and its treatment, i.e.:

1.1.1 Patient and/or his relatives are informed of the diagnostics and treatment methods and the risk the patient is subject to during medical manipulations/operations. This information is presented in the medical record.

Patient's medical record should contain the statement that such information was provided to the patient, as well as patient's signature acknowledging his awareness (except the patients with mental disorders).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.1.2 Patients have the right to make a decision about receiving of health services. This information is presented in the medical record.

The patient is informed of his right to refuse the suggested treatment, and he is advised of its negative consequences. This is noted in the patient's record; the patient or his family member signs this notification (except patients with mental disorders).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2 All the patients participating in experimental programs are informed about it, and the notification is made in the patient's record.

If a patient participates in an experimental program (clinical drug testing, new treatment methods, etc.), the notification stating the given above positions is made in the patient's record.

1.2.1 About the process of the experiment

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2.2 About the advantages over other treatment methods

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2.3 About the degree of risk for the patient's health

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.2.4 About patient getting the information on the right to refuse participating in the experiment at any of its stages

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.3 When being discharged the patient receives medical recommendations that are written in the extract from the in-patient medical record and in the patient's record.

When being discharged the patient gets the written extract from the medical record describing diagnostic and treatment process, recommendations for further treatment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.4 At the hospital registration office the patient and if possible his close relatives are informed about the guaranteed level of free health care package and additional services the patient, if willing, can pay for on his own. This information is provided by a nurse assigned to the registration office. The patient or his relatives have to sign in the medical record stating that they have received this information.

This information can be written in the medical record or patient/ his relatives can sign a special form that will be attached to the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.5 All patients regardless of their coverage by an insurance plan or ability to pay have the right for free emergency care.

In case of need, emergency care should be provided at the hospital to anyone who seeks it, regardless of his/her permanent address and social status.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.6 When being discharged the patient must be interviewed about his satisfaction with the treatment and the quality of health services delivered. This information must be input into the medical record.

All the remarks concerning nursing, medical provision and other aspects of the inpatient stay are input into the medical record by an attending physician and signed by the patient.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.7 Information about the patient's (or deceased's) diagnosis, received treatment, length of disease, etc. is strictly confidential. This type of information can be provided to authorized bodies on the request of the Prosecutor's Office, on in other cases stipulated by Ukrainian legislation.

Hospital (department) administration thoroughly monitors the outflow of such information, the record of all the medical certificates issued is regularly checked.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

1.8 According to Ukrainian law, medical personnel informs authorized entities about the cases stipulated by the current legislation and effective medical instructions.

The notification about the transfer of such an information to authorized entities is made in the inpatient's medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2. PATIENT ASSESSMENT

2.1. On admission, the patient is assessed by a physician to the extent necessary:

2.1.1 On admission, the patient is examined by a physician, the inpatient medical record is filled in, and all the necessary examinations required for setting a primary diagnosis are done within 24 hours of the admission.

The inpatient medical record is filled in by an admission department nurse. An admission department physician or a physician of the department where the patient is referred, develops and implements the plan of examination for setting the primary diagnosis, which is input into the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2.1.2 The attending physician identifies further volume and depth of the patient's examination and sets the clinical diagnosis (no later than 72 hours after admission).

The attending physician develops and implements the examination plan to determine the clinical diagnosis, and it is noted in the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2.1.3 The attending physician examines the patient each day and notes the disease dynamics in the medical record.

Daily notes in the medical record should contain the data about the general health status of the patient, hemodynamics indicators, bandaging information, and diagnostics manipulations, etc.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

2.1.4 When transferring the patient to another subunit, the physician prepares a detailed staged summary of the medical record.

The physician prepares a detailed staged summary stating the disease dynamics and the patient's health status at the moment of the examination, results of diagnostics procedures and the received treatment; the summary is signed by the department head.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3. PATIENT CARE

3.1. Planning and Providing Care

3.1.1 A plan of examination and treatment is developed for each patient.

According to the quality standards that are approved for each department, the plan of examination and treatment is developed for each patient personally; it is noted in the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.1.2 All the changes to the plan are input into the medical record with the reasoning provided.

When needed, the changes are made to the plan of examination and treatment, and it is noted in the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.1.3 In complicated and difficult cases, the department administration calls a physicians concillium chaired by the hospital medical director. The attending physician is responsible for the accomplishing of concillium decision.

The attending physician inputs the concillium decision into the medical record and follows all the recommendation concerning diagnostics and treatment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2. Medicine Utilization

3.2.1 The facility's clinical pharmacist (if there is any on the staff) informs medical personnel about the availability of medicine and new drug inflows; together with the facility administration he/she regularly check the expiration dates of the drugs stored.

Drug expiration dates are checked, and the information is provided to the physician regularly and timely; it is presented in the form of clinical pharmacist or company representative claims.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.2 There is an inviolable supply of drugs and bandages prepared for the case of calamity or drastic increase of patient admissions.

According to the instructions, there is a sufficient reserve supply that is regularly renewed and accounted for.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.3 Facility physicians have free access to the list of drugs available.

The drugs of one and the same group should not be doubled in this list; the list must be based on the marketing data and should be regularly reviewed.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.4 The drugs available should satisfy the needs of all the hospital departments. There should be an operating system for drug allocation and their utilization accounting.

The drugs should be thoroughly accounted for and distributed on the basis of applications submitte. The drug allocation process is done with the consideration of specific departmental characteristics. Medicines of the "A" group and narcotics should be stored in the safe. Department administrators and physicians should keep a thorough inventory of these drugs as well as eliminate empty ampoules. Records confirming this work should be available.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.5 Nurses are responsible for drug utilization and distribution of medicine to patients according to the prescription lists.

Distribution of each drug is recorded by a nurse (or feldsher) in the prescription lists, the nurse (feldsher) signs the paper after the physician's prescription is fulfilled.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.2.6 The medicine used for emergency care provision are stored in a separate place under constant control, they should be available to the personnel at any time.

Department administrators have developed instructions for provision of emergency care. The personnel knows and can provide this care. There is an identified storage place for the drugs used for emergency care, as well as the place for the above mentioned instruction.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.3. Rehabilitation

3.3.1 When needed, an individual patient rehabilitation plan is developed.

The plan includes the length of rehabilitation activities, their succession, and expected outcomes.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.3.2 All the changes made in the rehabilitation plan are input into the medical record with the reasoning given.

If needed, changes are made to the rehabilitation plan with the reasoning provided, the notification about it is included into the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4. Surgery, Anesthesiology and Intensive Care (Resuscitation)

3.4.1 Surgical, anesthetic and intensive care services are provided by the hospital. These services are organized into one service or can be controlled separately by departments of surgery, anesthesiology and intensive care. There should exist a clearly established organizational structure that differentiates their responsibilities:

Organizational structure of surgery, anesthesiology and intensive care services should be documented (including the hospital order on the organizational structure and interaction of the services, the patients receiving care, the necessary pre-admission examinations, etc.)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.2 The departments of surgery, anesthesiology and intensive care cooperate closely with each other.

The system of interaction among the departments is documented, the samples of the documents are kept in each of the departments, and all personnel has free access to them.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.3 The department of surgery, anesthesiology, and intensive care are chaired by the head of the department (or by a number department heads, if the services are subdivided into separate departments), whose relative experience is not less than five years. The department head/s should have organizational knowledge and skills, as well as an appropriate qualification category.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4 The department head fulfills the following:

3.4.4.1 Direct supervision over departmental activities and over the performance of each individual.

Staff meetings are held at least once a month; their agenda includes the issue of personnel job description fulfillment, general evaluation of the department's performance, etc. Minutes are kept for each staff meeting.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.2 Direct supervision over maintenance and improvement of the department material plant.

The department head provides control over the appropriateness of the physical plant to the department needs, including alternative sources of financing to improve the physical plant of the department (charity foundations, sponsors, etc.)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.3 Prioritizes the drug and medical equipment purchases for the department.

Having analyzed department activities, new health care technologies and marketing data, the department head prioritizes the purchases of medicine and medical equipment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.4 Controls adherence to the sanitary norms and prevention of accidents rules.

The department head records any violation by department personnel of sanitary norms or rule covering prevention of accidents with detailed consideration of each case.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.5 Provides departmental personnel re-training and refresher training courses.

The head and the head nurse of the department develop the program for personnel re-training and refresher training courses, and its schedule.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.6 Control over the keeping to the succession of the process of diagnostics and treatment.

Patients are admitted for the planned surgeries after all the possible examinations took place at the pre-hospital stage; duplicate procedures are not allowed.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.7 Control over the frequency of the following cases:

The frequency of the following cases is estimated, the department head records each case with the following consideration.

3.4.4.7.1 A planned surgery did not take place at the time appointed.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.7.2 The patient was not properly prepared for the surgery.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.8 Control over the frequency of the following complications:

The frequency of the following complications is estimated; the department head records each case with the following consideration.

3.4.4.8.1 Heart attack or arrest of breathing during the surgery.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.8.2 Heart attack or arrest of breathing when the patient is in the post-surgery ward.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.8.3 Complications with central or peripheral nervous system.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.8.4 Repeated surgical intervention (except the planned ones).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.8.5 Surgical infection complications.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.4.8.6. Myocardial infarction, bleeding, hematoma, pneumonia, thromboembolism of the lung artery or stroke within seven days after surgery.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.8.7. Death because of other reasons within seven days after surgery.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.5 Physicians and nurses with relevant experience of less than one year must work under direct supervision of an experienced physician or a nurse (who have relevant experience of no less than five years). The degree of supervisor's responsibility has to be documented.

The degree of supervisor's responsibility has to be documented at the facility level for each specialty program.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.6 Appropriate organization of anesthesiologic provision and surgical activities includes the following:

3.4.6.1 Schedule of all planned surgeries should be prepared in the department not less than 24 hours before the surgery. The schedule includes the names of the operating surgeon, his assistant and anesthesiologist, as well as the volume of the planned surgery, blood transfusion and the medicine.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.6.2 The department has an surgical suite equipped according to the MOH decree on the organization of the surgery service.

The operating theater is equipped with the necessary number of surgical instruments, anesthesiologic equipment, medicine and supplies, linens and other equipment. Skilled specialists work in this department. Department administrators, as well as surgical suite personnel are responsible for observing epidemiology regulations in the surgical suite.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.6.2 There is appropriate equipment, serum, labware for blood group identification and necessary compatibility tests. A physician who is not otherwise occupied performs blood transfusion during the surgery and does all necessary tests and preparations.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.6.3 An anesthesiologist examines the patient before administering anesthesia; this is noted in the medical record.

The examination includes measurement of hemodynamics, breath indicators, general and biochemical blood test, coagulogram. Patients over 40 must have an EKG done 48 hours before the surgery. The test results should be analyzed by the anesthesiologist at least 12 hours before the surgery and input into the medical record.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.6.4 The anesthesiologist checks the status and sterilization of the equipment before the very surgery.

There is a system for documenting the transfer of equipment from one shift to another.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.6.5 In the immediate post-operative period patients stay in the post-operative wards monitored by an anesthesiological nurse under direct supervision of the anesthesiologist.

There are specially equipped post-operative wards in the department (oxygen, blood pressure control, pulse and respiration monitoring). Patients are transferred to the post-operative ward immediately after surgery is performed to be thoroughly monitored by the physicians and nurses. If necessary, a patient is transferred to the intensive care unit (used by the whole hospital).

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.7 Post-operative care includes (but is not limited to) the following:

3.4.7.1 Physician's control

The anesthesiologist has to do at least one post-operative examination of the patient to evaluate the patient's status after the anesthesia. Such an examination should take place in 24-48 hours after the patient is transferred to the general ward. The attending physician has to monitor a post-surgery patient at least twice a day.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.7.2 Nursing.

According to his/ her functional responsibilities, the nurse should check consciousness, pulse, blood pressure, frequency of breath of post-surgical patients and administer physician's prescriptions.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.7.3 Prevention of complications from infection.

Prevention of infectious complication is done by means of: a) strict adherence to the aseptic and antiseptic rules; b) preventive rational intra- and post-surgery antibiotic therapy; c) regular control of sterility of surgical instruments, linens, threading, surgeons' hands, air of the operating theater, respiratory equipment, d) regular personnel examinations for bacilli, chronic infections, syphilis, AIDS (there is check of sanitary books with the valid permission for work)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.4.8 The results of pathohistological and cytological tests of removed tissues are input by the attending physician into the medical record, as well as into the medical record extract. (If the express-biopsy was performed during the surgery, its results are input into the surgery protocol.)

Results of the above mentioned examinations are input into the medical record stating the date and the number of the test, as well as the name of the person performing the test/examination. There is a record book of pathohistological and cytological tests in the department.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5. Internal Medicine Service

3.5.1 Internal medicine is organized into one service or can be provided by separate departments. In any of the cases, there is a clearly established organizational structure and differentiation of responsibility.

Organizational structure of the internal medicine department should be documented (a Hospital decree on the organizational structure of the service and the admission order stating patient's nomenclature, admission criteria, necessary examinations that have to be done at the pre-hospital stage, etc.)

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.2 Departments of internal medicine closely co-operate with each other and with other departments and services of the facility.

The interaction system among departments and services are documented, the papers should be kept in each department so that personnel can access.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.3 Internal medicine department is chaired by the department head (or a number of department heads if the service is divided into a number of departments), who has relevant

experience of no less than five years, organizational knowledge and skills, as well as appropriate qualification category.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4 The head of internal medicine department fulfills the following responsibilities:

3.5.4.1 Direct control over the department performance, and over the performance of the department personnel.

Staff meetings are held at least once a month, their agenda includes personnel job description fulfillment, general evaluation of the departmental performance, etc. A record is kept for each staff meeting.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.2 Direct supervision over maintenance and improvement of the department physical plant.

The department head provides control over the appropriateness of the material plant to the department needs, involves alternative sources of financing to improve the material plant of the department, contacts charity foundations, etc.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.3 Prioritizes the drug and medical equipment purchases for the department.

Having analyzed department activities, new health care technologies and marketing data, the department head prioritizes the purchases of medicine and medical equipment.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.4 Controls over adhering to regulations on sanitation and accident prevention.

The department head identifies violations of regulations on sanitation and accident prevention made by the department personnel, and investigates them in detail.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.5 Provides departmental personnel opportunities for re-training and refresher training courses.

The department head and the head nurse develop a program for personnel re-training and refresher training courses, and its schedule.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.4.6 Control over the keeping to the succession of the process of diagnostics and treatment.
Patients are admitted to the inpatient department after all possible examinations are done at the pre-admission stage; there are no doubled tests or examinations.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.5 Physicians and nurses with the relevant experience of less than one year work under the direct supervision of an experienced physician or a nurse (with relevant experience of no less than five years). The degree of supervisor's responsibility has to be documented.

The degree of supervisor's responsibility has to be documented at the facility level for each specialty program.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.6 A physician of the admitting department examines the patients and studies the referral papers; if needed, he performs additional immediate procedures; he calls for an on-duty physician or a department head of the unit where the patient is referred and together they consider patient's admission issues. If there are any doubts concerning the diagnosis, consultants from other departments are called to specify the diagnosis.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.5.7 In the case of the simultaneous admission of multiple patients, a physician of the admission department and an on-duty physician (or the department head) determine the order in which care will be provided to the patients. The decision is based on the rules governing the succession of care provision, the patient's referral papers, and his medical examinations.

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

Non compliance	minimum compliance	partial compliance	full compliance
0 point	1 point	2 points	3 points

3.6 Emergency and Urgent Care

Rayon and city hospitals may include a department of emergency care. Its main purpose is to provide primary care in emergency cases and traumas. If there is an emergency hospital in the residential area other medical facilities may be exempted from the maintaining an emergency department (services are arranged by local medical establishment).

3.6.1 To provide services to people a department of emergency and urgent care should have equipped ambulance(s) staffed by a special group which includes a physician, a feldsher, a driver and an attendant.

The ambulance staff is determined by separate provision and duties are assigned according to occupational instructions.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.2 The number of ambulances should correspond to standards approved by MOH of Ukraine.

The general number of ambulances, including working ambulances, and average time necessary to answer a call (the average time for city is 15 minutes, for rural district about an hour and half) should be checked.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.3 Emergency and urgent care groups can be general and specialized (cardiologic, pediatric, antishock, psychiatric etc.).

Each group should have necessary equipment, be staffed with appropriate professionals, and know how to diagnose and treat the most common typical diseases.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.4 An emergency and urgent care department should maintain close contacts with other medical facilities and city or rayon emergency care unit.

Lists of hospital's/department's urgent duties, the procedure of accepting patients to the a hospital and its interaction with other medical facilities should be well defined and freely available.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.5 The emergency and urgent care department is managed by the chief of the department who is specially trained and has no less than five years of working experience, knowledge and skills of services arrangement and other relevant skills.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.6 The chief of the emergency care department should:

3.6.6.1 Directly control the operation of the department and its personnel.

Staff meeting should take place at least once per month. At the meeting performance of personnel according to the occupational duties is discussed and department operation is evaluated. Proceedings should be recorded.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.6.2 Directly control maintainance and improvement of the department physical plant.

The the department head directly monitors material resources and equipment so that they meet department needs and find non-budget financing (charitable funds, sponsors, etc.) to improve the physical plant.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.6.3 Set priorities for medications and equipment acquisition.

Having analyzed department performance, new methods of treatment and results of marketing studie,s the department head sets priorities for medications and equipment acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.6.4 Control conformity to regulations on sanitation and accident prevention.

The chief identifies and investigates violations of sanitary and accident prevention regulations by department personnel.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.6.5 Provide the opportunity for the employees to participate in refresher training courses.

The department head and the chief nurse should develop a program for employee retraining and refresher training, and its schedule.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.6.6 Control proper succession of diagnostic and medical procedures.

The department head should analyze personnel performance, identify errors in diagnoses and treatment and take measures to eliminate them.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.7 Physicians and nurses whose working experience is less than one year should work under direct control of a skilled physician or a nurse accordingly (who has working experience no less than five years). The level of mentors responsibility should be recorded.

The extent of a mentor's responsibility should be recorded at the hospital level and individual program of gaining professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.8 If hospitalization is needed, the patient is delivered to the hospital reception area with a referral form with data on the diagnosis, the volume of provided medical care and recommended further treatment (including into what department).

Each department has an approved referral form.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.6.9 In case of of natural disaster, medical care of patients and victims is provided according to the approved rules of civil defense. The head of the emergency department is responsible for joint activities with civil defense forces until the hospitals Chief Doctor arrives.

The procedure of joint activities is laid down in special provision.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7 Outpatient Care

3.7.1 Outpatient care may be provided by a single unit or by different departments. In any case there should be precise organization structure and distribution of responsibility.

Organizational structure of outpatient care is set out in a special document (polyclinic order on organization structure of services and procedure of patients referring for examination).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.2 An outpatient polyclinic department should be staffed by certified physicians, nurses, and aids, according to patients visits and determination of medical facility.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.3 To perform efficiently, an outpatient polyclinic department needs:

3.7.3.1 A reception office

The reception office is responsible for patient registration and referral, maintaining medical records, registration of physicians' home visits, discharge bills for treatment, and insurance or preparation of other financial documents. It should create a medical record for new patients and be able to retrieve that record when the patient makes return visits. The patient's medical record and financial documents should follow the patient through all stages of care and then return to the reception or accounting office at the end of the visit.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.3.2 Rooms for examination and wards.

Patients should be examined and treated in a setting appropriate to the complexity and type of their diseases or traumas. Room should be equipped according to treatment requirements and number of patients.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.3.3 Paraclinical investigation.

The paraclinical department carries out diagnostic tests prescribed by the outpatient department. The laboratory and x-ray room should be available to the outpatient department and easily accessible for patients. Complicated diagnostic equipment (such as CAT scanner or encephalograph) should be available at the nearest diagnostic center. In the case of small hospitals where the level of paraclinical services is not sufficient, patients should be referred to medical facilities of higher level or other diagnostic facilities should be used.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.3.4 Physiotherapeutic services.

Physiotherapeutic services should be available in the amount sufficient to meet physicians prescriptions.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.4 Interaction between the outpatient department and diagnostic center should be based on an agreement on cooperation.

Types of diagnostic tests, system of payment and other questions of cooperation between the outpatient polyclinic department and diagnostic center should be stipulated by the agreement.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.5 There are approved forms for discharge summaries as well as procedures for ensuring that discharge summaries and medical records follow patient within and beyond medical facilities for transferring tests results from the diagnostic center to the outpatient polyclinic department of the hospital.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6 A medical records should be completed for each patient who received outpatient care. The following information should be presented in a medical record:

3.7.6.1 Full name, place of residence, registration number.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6.2 Case history and symptoms.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6.3 Clinical investigation.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6.4 Diagnostic and clinical prescriptions and their results.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.6.5 Diagnosis (preliminary or/and final) and outcomes of treatment.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.7 There are established instructions on all types of outpatient services activities.

The rules of accepting patients, consultation by telephone, schedule of care depending on complexity of disease/trauma, referral rules, patterns of tests and hospitalization etc. are set out in instructions.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.8 The department is managed by the department head who is specially trained and has not less than five years of working experience, appropriate qualifications, and knowledge and skills of services arrangement.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.9 The outpatient care department head should:

3.7.9.1 Directly control the operations and personnel of the whole department.

Staff meetings should take place at least once per month. At the meeting performance of personnel according to the occupational duties is discussed and department operation is evaluated. Proceedings should be recorded.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.9.2 Directly control the maintenance and improvement of the department physical plant.

The department head directly monitors material resources and equipment so that they meet department needs, and find non-budget financing (charitable funds, sponsors, etc.) to improve the physical plant.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.9.3 Set priorities for equipment acquisition.

Having analyzed the department performance, new methods of treatment and results of marketing studies the department head should set priorities for medications and equipment acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.9.4 Control conformity to sanitary and accident prevention regulations.

The chief identifies and violations of regulations of sanitation and accident prevention by department persone, and investigates them in detail.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.9.5 Provide the possibility for the employees to participate in refresher training courses.

The department head and chief nurse should develop a program for employee retraining and professional advancement, and its schedule.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.9.6 Control proper succession of diagnostic and clinical procedures.

Only patients who are fully examined should be accepted to the hospital. Studies should not be replicated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.7.10 Physicians and nurses whose work experience is less than one year should work under direct control of a skilled physician or a nurse accordingly (who has working experience no less than five years). The extent of mentor's responsibility should be recorded.

The level of a mentor's responsibility should be recorded at hospital level and an individual program of developing professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8. Paraclinical Services

Paraclinical services (laboratories, radiology, departments of functional diagnostics) belong to hospital services. The type and the volume of provided paraclinical services should be sufficient to meet hospital needs and depends on the number and contingent of patients.

3.8.1 Paraclinical services are provided either by single unit or by separate departments. In any case there is a precise organizational structure and distribution of responsibility.

Organizational structure of paraclinical services is set out in a special document (polyclinic order on organization structure of services and procedure of patients referred for examination).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.2 Each medical worker should perform according to approved job description.

Job descriptions describe in detail the duties of each medical worker, and how he/she should take care of patients who need special care due to their critical state or need for isolation.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3 The chief of the department should:

3.8.3.1 Directly control the operation of the whole department, as well as personnel performance.

Staff meetings should take place at least once per month. At the meeting the personnel performance according to the occupational duties is discussed and department operation is evaluated. Proceedings should be recorded.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.2 Directly control the maintenance and improvement of the department physical plant.

The department head directly monitors material resources and equipment so that they meet department needs, and find non-budget financing (charitable funds, sponsors, etc.) to improve the physical plant.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.3 Set priorities for sundries and equipment acquisition.

Having analyzed the department operation, new methods of diagnostics and results of marketing studies the department head should set priorities for sundries acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.4 Control conformity to regulations on sanitation and prevention of accidents.

The chief identifies violations of regulations of sanitation and accident prevention by department personnel, and investigates them in detail.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.5 Provide the opportunity for employees to participate in refresher training courses.

The department head and chief nurse should develop a program of retraining and professional advancement for employees, and its schedule.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.6 Control proper succession of diagnostic procedures.

Procedures may not be duplicated, and volume and terms of follow-up studies must be approved by the attending physician.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.7 Control the quality and timely performance of all tests and diagnostic procedures.

Quality is controlled according to department quality standards.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.8 Control quality and timely reporting on tests and diagnostic procedures results.

Tests and diagnostic procedures results should be reported to the attending physicians as soon as possible.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.3.9 Control the regularity of all diagnostic measurement equipment checking and gauging.

Each case of checking and gauging regularity violation should be identified and investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.4 Physicians and nurses whose work experience is less than one year should work under the direct control of a skilled physician or a nurse (who has work experience of no less than five years). The level of a mentor's responsibility should be recorded.

The level of a mentor's responsibility should be recorded at hospital level and individual programs of developing professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

non compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

0 points	1 point	2 points	3 points
----------	---------	----------	----------

0 points	1 point	2 points	3 points
----------	---------	----------	----------

3.8.5 If diagnostic services cannot be provided because of equipment damage, or lack of reagents or medications, the chief of the department should:

3.8.5.1 Submit applications to corresponding organizations for equipment repair or reagents and medications acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.5.2 Report to administration and physicians on studies that are not available.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.5.3 Jointly with administration define alternative methods of testing.

The problem of the alternative methods of diagnostic procedures should be solved providing at the same time qualitative study (patients can be referred to another hospital or diagnostic center).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.6 Laboratory should be equipped and supplied with reagents and medications for making the following tests:

- Blood nitrogen;
- Blood albuminum;
- Blood amylase;
- Bacterioscopy;
- Hematocrit;
- Blood group and Rh-factor;
- Blood electrolytes;
- Enteroparasytes (worm eggs in feces) ;
- General blood count;
- General urine analysis;
- General blood albumin;
- Occult blood in stool;
- Coagulogram;
- Creatine phosphokinase;
- Blood creatinine;
- Blood lipids;
- Gimth's blood smear;
- Liver tests;
- Wassermann's reaction;
- Pregnancy test;

- Cumber's test;
- Lee White's test;
- Blood cholesterol;
- Blood sugar;
- Blood phosphatase and blood alkaline phosphatase ;
- Red blood cells sedimentation speed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.7 Oblast-level facilities should have sufficient equipment and medications to make the following tests in addition to the listed above:

- Australian antigen (Hepatitis B marker);
- Antistreptolysine O;
- Female hormonal tests (including follicle stimulating hormone)
- Blood ferum;
- Lactate dehydrogenase;
- Latex test;
- Luteinizing hormone;
- Prolactine;
- C-reactive protein;
- Tyroxine (O_4) ;
- Triiodothyronine (O_3);
- Thyrotrophin.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.8 The x-ray department of small hospitals (fewer than 100 beds) should have at least one 100mA power working x-ray machine. Big hospitals (more than 100 beds) should have at least one working 200 mA x-ray machine, a photoroentgenograph and radioscope screen.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.9 The radiologist should personally control x-ray pictures and provide full description of all discovered pathological changes.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10 To provide qualitative study the following performance indicators should be screened.

If indicators are negative the chief of the paraclinical department investigates reasons for it and eliminate problems. Results are reported to medical director who, if necessary, should personally help in improving work, especially when it interferes with other departments operation:

3.8.10.1 Time limits for making diagnostic tests in case of urgent care.

Test should be made as soon as possible.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10.2 Number of lost tests.

All lost tests should be recorded and investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10.3 The number of damaged x-ray films.

All damaged x-ray films should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10.4 Number of follow up tests, caused by dubious results of the preliminary tests.

All cases of follow up tests should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10.5 Incorrect collection of testing samples.

All cases should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10.6 Failed tests.

All cases should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.8.10.7 Damaging patient's health by diagnostic procedures.

All cases should be registered and reasons investigated.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9 Maternity and Child Care

Maternity and child care can be provided by general hospitals or by separate medical establishments. Such specialized facilities can combine the maternity home and children hospital; or they can perform as two separate units. Patients of these facilities have special

needs that must be met. Thus, the purpose of these facilities is not only to provide services but also to care about the physical and emotional well-being of their patients.

3.9.1 Obstetrics-gynecology departments of general hospitals should provide services according to the needs of the female patients and hospitals destination. Maternity homes should include the following departments:

3.9.1.1 Delivery department.

3.9.1.2 Observational department.

3.9.1.3 Gynecological department

3.9.1.4 Pathologic pregnancy department.

3.9.1.5 Neonatal department.

3.9.1.6 Surgery block.

3.9.1.7 Intensive care and anesthesiology department.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.2 The delivery department should be staffed with an appropriate number of specially trained gynecologists, neonatologists, anesthesiologists and resuscitation providers.

Physicians should have attestation category (for third-level hospital), or should be at least attested for meeting occupational requirements. Department heads should be attested for the first category.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3 Chiefs of maternity and children departments, regardless of hospital structure, are responsible for work arrangement and general performance results of the departments under their supervision. The scope of their responsibility includes but is not limited by the following:

3.9.3.1 Direct control over the operation of the whole department as well as personnel performance.

Staff meeting should take place at least once per month. At the meeting the personnel performance according to the occupational duties is discussed and department operation is evaluated. Proceedings should be recorded.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.2 Direct control over the maintaining and improving of the department physical plant.

The chief of the department directly monitors material resources and equipment so that they meet department needs, and find non-budget financing (charitable funds, sponsors, etc.) to improve the physical plant.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.3 Setting priorities for medications and equipment acquisition.

Having analyzed the department performance, new methods of diagnostics and treatment and results of marketing studies the department heads should set priorities for medications and equipment acquisition.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.4 Control of conformity to regulations on sanitation and accident prevention.

The chief identifies and investigates violations of regulations on sanitation and accident prevention by department personnel. Control inoculation registers should be available as well as schedule of general cleanings, instructions on surgeon's hands processing, disinfection, instruments and other materials sterilization for operation. There should not be any instance of the department being closed because of epidemic indicators in the course of the last three years. Personnel should be competent to discuss these problems.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.5 Providing refresher training courses for the employees.

The department head and the chief nurse should develop a program of retraining and professional advancement for employees, and its schedule.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.6 Control over proper handling of diagnostic and clinical procedures.

The department head should analyze personnel performance, identify errors in diagnostics and treatment and take measures to eliminate them.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.7 Physicians and nurses whose working experience is less than one year should work under direct control of a skilled physician or a nurse (who has working experience no less than five years). The level of a mentor's responsibility should be recorded.

The level of a mentor's responsibility should be recorded at hospital level and individual programs of developing professional skills for each physician and nurse should be developed.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.8 Control over proper conditions for providing medical care for the patients.

The department should be provided with: hot and cold water, drainage system, food, electricity, heating, telephone connection, water reserve, linen and medications.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.9 Control of the continuity of care by outpatient and paraclinical services departments.

The quality of prehospital tests is assessed as well as expediency of hospitalization, necessity of referrals for additional studies, the percentage of wrong preliminary diagnosis, information sufficiency for pathoanatomical study, quality of hospital discharge summaries, personal relations between in- and outpatient department physicians. An important factor is avoiding replication of studies, consultations and other additional tests.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.10 Control of the quality of medical care.

The department head should devote his full expertise to inpatient medical records, case study and patient examination at least once per week. As needs arise the chief of the department should organize clinical pathoanatomical conferences and consultations. If medical errors are identified the department head should develop and implement, or refer for administration consideration, the plan of activities for their removal.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.3.11 Monitoring and development of modern methods of diagnostics and treatment and their further implementation. The maternity house, obstetrical and gynecological departments should be ready to provide the whole scope of specialized highly qualified care for pregnant women, mothers and their newborn children. Obstetrics and gynecology departments of general hospitals can provide a full scope of services equal to those of a specialized hospital.

The department chief jointly with administration should set diagnostic and treatment trends of primary importance based on preliminary analysis and practical implementation. The department should be ready to provide the whole scope of primary health care in emergency cases, including surgery (not all physicians can do extensive surgery such as uterus extirpation under the condition of profuse hemorrhage, for example, but the most qualified specialists should be ready to help by consultation).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.4 If women with extragenital pathology need consultation, administration should provide them access to consultation with a specialist. The department head then supervises implementation of the specialist's recommendations.

The record of specialists consulted should be available at the department. Specialists and department physicians should put the information on patient's health status, diagnosis, recommended additional studies, treatment, follow-up visit to specialist (if it is necessary) into the patient's medical record.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.5 The obstetrics department should have a separate admission office for primary examination.

On admission the female patient should be examined by the hysician, who establishes a preliminary diagnosis, puts the information into the medical record and refers the pregnant woman to a corresponding department or hospital ward. If needed the patient can be referred into other specialized medical establishments. The patient's blood pressure, temperature, weight should be measured, necessary samples for testing should be taken, proper hygienic conditions and other diagnostic procedures should be provided, and the patient's medical record and other documentation should be maintained (such as record of patients` visits to the doctor or admissions to the hospital).

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.6 The gynecology department should perform its main functions.

The gynecology department admits women with various gynecological disorders. It should occupy a separate building, part of the building or floor. It should include surgery suites, medical treatment rooms, examination rooms, and rooms for small surgery.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.7 Normal pregnancy department should perform its main functions.

Normal pregnancy department admits women with pregnancies without complications. Patients are admitted into prenatal unit where they are examined by an obstetrician gynecologist who determines the time of labor and type of delivery management, prescribes treatment if necessary.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.8 The prenatal unit should perform its main functions.

Women in labor should be admitted to the prenatal ward for continuous surveillance by physician and obstetrician.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.9 Delivery room should perform its main function.

When the second labor period begins the woman should be transferred to the delivery room. Delivery should be controlled by obstetrician gynecologist and midwife. The delivery room should have equipment, instruments, and medications for handling normal deliveries and means for stabilization in emergency cases where complications develop. A neonatologist should be present at the moment of birth (if a neonatologist is not on duty 24 hours per day an anesthesiologist or specially trained nurse or midwife can perform his/her functions) to provide the infant with resuscitation help. The newborn infant should be cleansed, weighed and measured before the first feeding. Then the child is transferred into newborn department.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.10 Postnatal unit should perform its main functions.

Examination and supervising of mothers should be done by the gynecologist and nurse on duty. Mothers should be educated about breast care, breast feeding, and infant care. If the need arises, breast massage and straining should be performed. Before being discharged, women should be educated on family planning.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.11 The department of pathological pregnancy should perform its main functions.

The department of pathological pregnancy admits women with different pregnancy abnormalities, and extragenital pathology for surveillance when first labor indicators begin or for diagnosis. The department should provide medical and preventive treatment to avert possible complications in labor and prepare women for delivery.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.12 The observation department should perform its main functions.

The observation unit admits women with fever, infectious pathology, women whose delivery were handled at home or women who were admitted without return records. Women from normal labor department should be transferred to the observation unit if there are any indicators of infectious labor complication or extragenital pathology. The department should

include prenatal and postnatal wards, delivery room, boxes, medical treatment rooms, female hygienic rooms and other rooms necessary for efficient medical care.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.13 The newborns department should perform its function.

Any medical establishment providing maternity services should include newborns department. The newborns department should include intensive therapy unit for critically ill newborns. If its resources are limited the agreement on urgent transfer of the critical newborn to proper medical facility must be contracted.

3.9.13.1 The newborns department should be staffed with neonatologists, nurses trained to care for newborns and ancillary personnel. Neonatologists and nurses should receive special training including resuscitation methods and intensive therapy for newborns.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.13.2 The newborns department should have a room for collection and pasteurization of breast milk, served by specially trained personnel.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.14 To improve the quality of obstetrical gynecological care the following indicators should be regularly monitored. If shortcomings in diagnostics or treatment of pregnant women influence the general indicators of department operation, the department head should investigate the reasons and eliminate them.

Indicators for compulsory consideration

These indicators concern mothers' health status and labor outcomes. Each one has to be considered thoroughly.

3.9.14.1 Lethal outcome.

Each case of lethal outcome should be studied at clinical conference. Administration should invite the leading department specialists, specialists in pathology, and representatives of the training and of other clinical departments (if available) to participate in the conference.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.14.2 Proper diagnostic and clinical procedures, clinical outcomes of each female pregnant patient with:

- åklampcia;
- embolism caused by amniotic fluid;
- uterine laceration;

- profuse uterus hemorrhage complicated by hemorrhagic shock;
- Mendelson syndrome;
- severe metroendometritis, complicated by toxocoseptic shock;
- premature detachment of placenta complicated by Couvelaire uterus development;
- other threats to the mother health.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.14.3 Proper diagnostic and clinical procedures, clinical outcomes of each premature, immature or injured-at-birth newborns as well as infants with birth defects admitted to newborns intensive therapy department.

The chief of the department, medical director, consultants and other departments representatives regularly supervise the quality and indicators of health care provided for such infants.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.14.4 Death of newborns above 500 g.

Each case of lethal outcome should be considered at a clinical conference. Administration should invite the leading department specialists, specialists in pathoanatomy, and representatives of the training and of other clinical departments (if available) to participate in the conference.

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

Indicators determined by the frequency of their occurrence

These indicators should be monitored incessantly. Increase in frequency of their occurrence may indicate bad quality of medical care and requires investigation.

3.9.14.5 Frequency of infectious labor complications.

3.9.14.6 Perinatal mortality

3.9.14.7 Parturient traumas

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.15 The children's department should have a separate admissions office.

All patients should be examined in admissions, their health status should be assessed and preliminary diagnosis should be established.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.16 A tutor from the department should explain to the minor patient's parents the rules and schedule of department work. In spare time (if there are no diagnostic or medical procedures) the tutor should educate children in a special room or in the yard.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.9.17 the children department should have toys and books for children.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

3.10 Blood Service

3.10.1 The service should have a clear-cut organizational structure and assignment of responsibility.

Organizational structure of the blood service should be documented (a hospital statutory order on the organizational structure of the department and the procedures of filling out applications, indications and contra-indications for using blood preparations, blood substitutes, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.2 Blood service functions in interaction with other departments and services of the facility.

Interaction between the blood service and other departments and services of the hospital should be thoroughly documented, and copies of the documents should be kept at all departments and be easily accessible to all personnel.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.3 The chief of the blood department (or several chiefs if the service is split into several sub-units) should have at least a five-year record of acting on a responsible position, expertise and skills of administrative work, and a corresponding qualification category.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.4 The chief of the blood transfusion department is responsible for the following:

3.10.4.1 To exercise direct control of the department's performance, as well as individual performance of each employee.

To hold staff meetings at least once a month to discuss the issues of performing job responsibilities, evaluate the department's performance, and see that the minutes are taken of their results.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.4.2 To exercise direct control of maintenance and upgrading physical plant of the department.

The department chief should control the compliance of the physical plant with the needs of the department, and find non-budget financing (charitable funds, sponsors' contributions, etc.) to improve it.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.4.3 To set priorities in purchasing medicines and equipment.

To set priorities in purchasing medicines and equipment on the basis of analyzing department's performance, new methods of treatment and data of market research.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.4.4 To exercise control of the observance of the sanitary-hygienic standards and occupational safety requirements in the department.

The chiefs should register all incidents of violations of sanitary and hygienic standards and occupational safety requirements by the employees of department and investigate each occurrence in detail.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.4.5 To ensure participation of all department personnel in the programs of professional advancement.

The department chief and chief nurse should formulate a program of professional advancement for all employees and its schedule.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.5 Physicians and nurses with a work record of less then one year should work under direct supervision of an experienced physician or nurse (with no less then five years of work experience); responsibility level of supervisors should be documented.

At the hospital level the degree of responsibility of supervisors for actions of their subordinates and an individual program of professional advancement should be formulated.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.10.6 The store of blood and blood preparations should be kept in the hospital, regularly updated and constantly controlled by the department chief.

The record should kept of such supplies, the quantity control and listing should be performed in accordance with the hospital's profile.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11 Pathology Service

3.11.1 The service should have a clear-cut organizational structure and responsibility assignment.

Organizational structure of the pathology service should be documented (a hospital statutory order on the organizational structure of the department and daily procedures).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.2 Pathology service functions in interaction with other departments and services of the facility.

The interaction between pathology and other departments and services of the hospital should be thoroughly documented, copies of the documents should be kept at all departments and be easily accessible to all personnel.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.3 The chief of the pathology service (or several chiefs if the service is split into several sub-units) should have at least a five-year record of acting i the responsible position, expertise and skills of administrative work, and a corresponding qualification category.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4 The chief of the blood transfusion department is responsible for the following:

3.11.4.1 To exercise direct control of the department's performance, as well as the individual performance of each employee.

To hold staff meetings at least monthly to discuss the issues of performing job responsibilities, and evaluate department's performance; minutes should be taken of their results.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.2 To exercise direct control of maintaining and upgrading physical plant of the department.

The department chief should control compliance of the physical plant with the needs of the department, and find non-budget financing (charitable funds, sponsors' contributions, etc.) to improve it.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.3 To set priorities in purchasing medicines and equipment.

To set priorities in purchasing medicines and equipment on the basis of analysis of department's performance, new methods of treatment and data of market research.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.4 To exercise control of the observance of the sanitary-hygienic and occupational safety requirements in the department.

The chiefs should register all incidents of violations of sanitary and hygienic standards and occupational safety requirements by the employees of the department and investigate in detail each such occurrence.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.11.4.5 To ensure participation of all personnel of the department in the programs of professional advancement.

The departments chief and chief nurse should formulate a program of professional advancement for the employees and its schedule.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.5.5 Physicians and nurses with the working record of less then one year should work under direct supervision of an experienced physician or nurse (with no less then five years of work experience); responsibility level of supervisors should be documented.

At the hospital level the degree of responsibility of supervisors for their subordinates actions and an individual program of professional advancement should be developed.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.5.6 The autopsy is performed in the presence of the attending physicians or physicians from other clinical departments. The results should be recorded, and pathologic diagnosis should be set no later than three days after the autopsy.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

3.5.7 The results of pathologic histological and cytological examinations should be delivered to the clinical departments no later then six days from the moment of receiving samples.

Reception of samples and delivery of results of pathologic histological and cytological examinations should be documented.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4. HOSPITAL MANAGEMENT

4.1. Every hospital should have the following management structure:

In big hospitals the given positions can be filled full-time, in smaller ones two positions can be performed by one employee.

- 4.1.1 Administrative director.
- 4.1.2 Medical director.
- 4.1.3 Financial director.
- 4.1.4 Human resources director.
- 4.1.5 Administration and maintenance director.
- 4.1.6 Director of outpatient services.
- 4.1.7 Occupational safety director.
- 4.1.8 Director of nursing services.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2. The chief doctor is responsible for day-to-day leadership of the hospital. The scope of chief doctor's responsibilities includes, but is not limited by the following:

4.2.1 Development and implementation the quality of treatment standards.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.2 Purchase all stock in accordance with the hospital's priorities.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.3 Supervise observance of the occupational safety requirements by health care professionals and patients.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.4 Perform short- and long-term practical activity and financial planning, assess the relevance of formulated plans in terms of future needs of the population profile.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.5 Regularly revise and update written instructions, regulating the activity of the hospital's departments.

Written instructions are to be known and easily accessible to all personnel. Written instruction should encompass, but are not limited by the following:

4.2.5.1 Information on the profile of the population served by the hospital.

The sex and age structure of the population, and other important characteristics should be included.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.5.2 Hospital's schedule:

Description of the basic medical programs delivered by the hospital (inpatient department, day-stay department and ambulatory-polyclinic care), reception and hospital admission procedure, priority of care delivery depending on the complexity of the case or trauma.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.6 Control the performance of the informational and analytical service of the hospital.

Indicators to be analyzed timely include, but are not limited by the following:

- bed-day;
- average length of stay;
- number of ambulatory visits;
- number of referrals;
- number of vaccinated patients;
- causes of mortality;
- causes of nosocomial infections.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.7 Ensure continuity of medical and technical education and retraining for all hospital personnel.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.8 Ensure financial stability of the medical facility within the available resources.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.9 Settle contracts for transportation services, supply of medical equipment and medicines.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.10 Strengthen and upgrade physical plant of the facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.2.11 The chief doctor weekly holds a council with his/her deputies, department chiefs, and chief nurses.

At the meetings all services present report, their performance is analyzed, current issues are discussed, emergency situations are analyzed, joint decisions regarding best solutions of the given problems are made. Minutes are taken of every meeting.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3. The medical director executes daily control of delivery of medical services. He/she is answerable for the quality of performance before the chief doctor and his responsibilities include, but are no limited by the following:

4.3.1 To establish and assess the results of treatment, based on the program of quality of treatment standards.

The given program should be based on the continuous control of results of treatment through the assessment of the following indicators: mortality, nosocomial infection, repeated admission. Every hospital department should develop and introduce detailed treatment quality standards. The unsatisfactory results of treatment should be analyzed, reasons for their origination should be investigated and measures should be taken to avert such happenings in future.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3.2 To plan and control the system of diagnostic and therapeutic procedures.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3.3 To plan and control consumption of medicines in the medical facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3.4 To evaluate clinical performance of all departments. To plan and supervise retraining of specialists, hospital conferences and seminars on medical issues.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.3.5 To determine patients' satisfaction with the quality of care received by means of sociological or selective surveys.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.4. Daily supervision of the facility's financing and utilization of resources is executed by the financial director. In this activity he/she is subordinated to the chief doctor. His/her responsibilities include, but are not limited by the following:

4.4.1. To project, plan and manage the hospital's budget.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.4.2. To calculate and control all revenues and expenditures of the facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.4.3 To develop and supervise the implementation of the staffing schedule, which includes the following data: number of FTEs, salaries and bonuses, etc.

4.4.4 To produce financial reports quarterly and annually.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.5. Human resources director supervises daily performance of physicians, nurses and ancillary medical personnel. His/her responsibilities include, but are not limited by the following:

4.5.1 To institute the contract system and job descriptions for all facility employees.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.5.2 To ensure compliance with the law in hiring and dismissal of the facility's employees.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6. Maintenance and administration director executes daily control and provision of the day-to-day needs of the facility. In his/her activity he/she is subordinated to the chief doctor. His/her responsibilities include, but are not limited by the following:

4.6.1 To ensure observance of the maintenance requirements of the premises, engineering equipment, networks and systems.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6.2 To determine facility's demand in equipment and materials in accordance with the facility's profile.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6.3 To inspect execution of contracts and agreement liabilities (for transportation services, medical equipment and medicines supplies, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.6.4 To exercise control of the fuel and power supplies consumption.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7 The occupational safety director exercises control of the observance of the occupational safety requirements. In his/her activity he/she is subordinated to the chief doctor. His/her responsibilities include, but are not limited by the following:

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7.1 To institute organizational and technical precautions to avert accidents in production.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7.2 To execute operative control of the observance of safety requirements.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7.3 To conduct training courses and examine knowledge of the managers of structural subdivisions on occupational safety issues.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

4.7.4 To analyze the causes of accidents and develop measures to avert such happenings in future.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5. PERSONNEL

5.1 Personnel policies should be developed, adopted and maintained properly to achieve medical facility objectives and to provide a sufficient number of skilled employees during all hours of performance. The personnel policies should cover certain actions for recruiting, contracting, promoting and dismissing staff. The personnel policies are applicable to all staff; documents on the given issues should be easily accessible and discussed beforehand with all new employees. The personnel policy documentation should cover the following issues

5.1.1. Employee benefits (vacation length, social security, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.2 Recruitment and contracting.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.3 Promotion.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.4 Professional training.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.5 Employee grievances consideration procedures.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.6 Occupational safety control and prevention of accidents and injuries.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.8 Disciplinary penalties.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.9 Dismissal regulations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.10 Wages and work hours.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.11 Internal regime.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.12 Responsibility assignment and organizational structure.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.1.13 Performance appraisal criteria.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2. A personnel files should be kept for each employee and contain the following documents:

5.2.1 Job application.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.2 Copies of documents verifying education, re-training, licenses, university degrees, categories and titles.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.3 Salary received.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.4 Notifications on initial and subsequent health clearances.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.2.5 Incentives and disciplinary penalties.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.3. The Human Resources Director is responsible for the implementation and coordination of personnel policies and procedures and personnel management. His/her responsibilities include, but are not limited by the following:

- to control the staffing schedule observance;
- to formulate and implement the Human Resources Department performance plan;
- to control maintenance of the personnel files;
- to inform the employees of the current changes in the staff management regulations;
- to control the accuracy of filling out hiring and dismissal documents;
- to prepare an annual statistic report on human resources issues.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4 A written job description should be developed for each position in the organization. It should include the following items:

5.4.1 Position title.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.2. Rights and responsibilities.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.3 Scope of work.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.4 Subordination structure.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.5 Degree of responsibility for performed work.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.6 Location of the working place; materials and equipment, if any.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.5 Performance should be appraised in accordance with the degree of satisfying position requirements and performance results.

Performance results evaluation criteria should be valid, substantial and objective. If any discrepancy between the actual employees performance results and appropriate job performance exists, the employee must be informed of the skills and attitude expected from him/her and should be encouraged to perform the job according to those requirements. Appropriate training curricula should be considered.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.8 Training and re-training programs should be developed for administrative, medical and ancillary personnel.

Personnel training should be carried out under the supervision of highly professional specialists. The training and re-training curricula should reflect any changes, taking place in the medical facility concerning medical services delivery and management, and prepare employees for promotion and assuming greater responsibilities.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.9 Adequate preliminary interviews for all new employees should be developed.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.10 Long-term programs for continuous professional advancement of the personnel should be projected.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.12 Quality of treatment assessment and quality assurance activities are an important constituent part of the training program curricula.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.13. Staff education and skill enhancement programs effectiveness should be appraised at least annually.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.14. The role of a physician is to perform diagnostic and therapeutical procedures as well as other services in accordance with the internal facility rules. A physician is required to timely make all the necessary writings on patient's condition in the medical record, including information about prescribed medicines and their doses, diagnostic and treatment procedures, diagnoses and prognoses.

The physician is required to:

5.4.14.1 Prescribe type and scope of tests, diagnostic and therapeutical procedures to be performed.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.14.2 Describe to the patients all inherent risks of prescribed tests, diagnostic and therapeutical procedures, their usefulness and positive effect as well as possible consequences of not being treated.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.14.3 Establish clinical diagnosis and determine the relevant kind of treatment: (in-patient, out-patient, at home).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.14.4 If there is any doubt in setting diagnosis, prescribing diagnostic and therapeutical procedures, call in a consultant or seek advice from a colleague. It also is the physician's responsibility to consult colleagues on their request.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.15. The medical facility should have a sufficient number of highly professional nursing personnel to provide nursing care 24 hours a day.

The core of nursing care is delivering high quality nursing care and satisfying patients' requests.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.16. The role of a nurse is to assist a physician in the course of diagnostic procedures and treatment, and to provide medical care in accordance with the job description and internal regime regulations, set by the chief doctor.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.17 Nursing care is supervised by the director of nursing services, who has special training and administrative background.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.18 The director of nursing services is endowed with all responsibility and authority to assure quality nursing care.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.19 All department chief nurses are subordinated to the director of nursing services of the facility and department chiefs.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.20 The director of nursing services ensures liaison between the physicians and nurses.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.21 The human resources department approves the nursing care regulations and regime in accordance with the nurse's proficiency level and work place.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.22 The nursing care standards and evaluation criteria should be established.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.23 The nursing staff is encouraged to participate in staff education programs.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.24 Job descriptions should be formulated for each nursing position.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.25 Performance of the nursing personnel is evaluated in defined intervals.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.26 Nurses, assigned to work in special units, should have specialized training, adequate proficiency and experience.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

5.4.27 The aids role is to provide support services according to their job description and facility's regulation.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6. ECONOMICS AND FINANCE

The Economics and Finance Department (EFD) of the medical facility provides bookkeeping, accumulation and rational utilization of economic and financial resources to ensure stability of hospital's performance and compliance with the established standards. The main objective of the department is to attain and maintain sound financial standing of the facility.

6.1. The EFD is a constituent part of the facility and interacts closely with all other departments and services on financial issues. It encompasses the Economics and Finance Department proper and Accountancy.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.2 The EFD should interact with all local financial organizations and other public bodies.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.3 Irrespective of the workload the EFD should perform the following functions:

6.3.1 Control of the physical plant supplies.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.3.2 Accounting (book-keeping).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.3.3 Financial management.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.4 The number of the EFD staff is determined by the volume of activities within the facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.5 All employees of the EFD should have specialized education or be specially trained and present a diploma or certificate according to the wage rates and skills handbook regulations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.6 The EFD should be adequately equipped to provide uninterrupted performance of the department.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.7 The chief accountant or the chief of the EFD is in charge of Economics and finance department. In his/her activity he/she is subordinated to the chief doctor.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8 The scope of the basic responsibilities of the chief of the economics and finance department (chief accountant) include, but are not limited by the following:

6.8.1 To prognosticate, plan and allocate financial resources to structural subdivisions.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.2 To timely finance all types of facility's activity.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.3 To settle contracts and agreements with entities endowed with material liability, subdivisions and organizations, delivering services to the facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.4 To ensure compliance of the health staff with financial discipline (keeping track, reporting and doing inventory).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.5 To draw up the staffing schedule, service price list and expenditure budget in accordance with the facility's performed activity.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.6 To define and supervise implementation of the job description of each employee of the service.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.7 Timely realization of financial operations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.8 To exercise control to ensure economical and rational utilization of allocated funds and material resources in the medical facility and its every subdivision.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.9 To exercise regular control of the compliance of economical and financial activity, carried out in the facility with the established indicators and timely inform leadership of the shortcomings detected.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.10 To observe bookkeeping and reporting requirements stipulated by the regulations and legislation in effect.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.12 To ensure proper record of revenues received from user fees.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.13 To exercise continuous control of the timely settlement for services delivered by the facility to other organizations and establishments.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.14 To regularly inspect bank accounts and analyze defaulted payments.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.15 To analyze actual expenditures of the medical facility.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.16 To analyze the impact of the introduction of new medical equipment and new treatment techniques on the prime costs of the services.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.17 To calculate the cost of new services in accordance with the existing methods.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.18 To be well-informed about the legislation in effect in the section relating to the issues of economic and financial activity, labor payments, price formation, etc.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.19 To control ratification of insurance contracts.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.21 To provide information on economical and financial activity of the facility on request of management and law-enforcement bodies.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.22 To exercise continuous control of all sources of financing.

Sources of financing that are to be continuously controlled:

6.8.22.1 Budget allocations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.22.2 Payments from insurance funds.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.22.3 Payments for services delivered to the enterprises and organizations on the voluntary medical insurance.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.22.4 Payments for additional services and amenities delivered by the facility (additional meals, refrigerator, TV set, telephone in the ward, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.22.5 Payments for lease of premises, vehicles and equipment from other organizations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.22.6 Profit from the sale of residues of the assisting businesses production.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.22.7 Sponsors' contributions, donations and investments.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.8.23 All scope of economical and financial activity should be executed and recorded in accordance with the regulations and legislation in force.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.11 Financial activity of the hospital should be analyzed regularly and thoroughly. The results of the given analysis should be submitted to the chief doctor in the report format quarterly.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.12 The following documents are subject to financial analysis :

6.13.1 Annual report (annually).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.13.2 Balance of revenues and expenditures (quarterly).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.13.3 Settled bills (monthly).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.13.4 Incoming assets (monthly).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.13.5 Current debts in payments (twice a month).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.13.6 Capital inventory (annually).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.13.7 Inventory of supplies (annually).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.13.8 Inventory of the circulating assets (every 6 months).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

6.14. To submit statistic reports timely.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7. MEDICAL INFORMATIONAL AND ANALYTICAL SERVICE

The adequate performance of the Medical Informational and Analytical (MIA) service can be delivered by integrating activities of several subdivisions, namely the Statistics and Organization department, its constituent Statistics department, rather independent Automated Control Systems department, which are closely connected with other hospital units.

Direct collection of information data is executed predominantly by the Statistics department. Simultaneously the unified data collection can be carried out by the Automated Control Systems department. The Statistics and Organization department is responsible for realizing the bulk of analytical work and submitting recommendations.

The facility should maintain a clear-cut system monitoring performance indicators which have proven to be most essential over the years. There should be several groups of indicators: for daily, weekly, monthly, quarterly and annual control; equally there should be respective forms for accumulating such indicators: daily staff briefings, regular rounds (clinical, administrative, special), etc.

Hospital administration should pay incessant attention to the advancement of existing organizational forms (development a unified format for various documents, optimization and standardization of information storage, organizing activity to improve use of documents), as well as implementation of the new mechanisms (Automated Control Systems department upgrading, formation and extension of the data base, development of the hospital computer network, etc.).

The MIA service should function in close integration with the future plans of the facility; based on the statistical data received, planning for organizational, clinical and financial performance is made for the stipulated time span (a month, a quarter, six months, a year).

The MIA service is one of the main links of the facility with local administration and other medical facilities. The MIA service receives directive and regulatory documents and processes them in connection to the context of facility's activity. On the other hand, the results of the diagnostic and treatment activity of the facility after processing are presented to non-clinical institutions (Medical Statistics department, Oblast Public Administration, Ministry of Health, etc.).

7.1. All the data accumulated by the MIA service should be analyzed and used to improve hospital's performance.

All information flows to the Department of Statistics and Organization—the main information integration base, which delivers information to the administration and subdivisions.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.1.1. All results of analysis of statistic data should be submitted to the chief doctor within the three-day period.

Unified format documents (patient flow, financial and economic information) should be submitted to the chief doctor before the beginning of the working day.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.1.2. All results of statistic data analysis should be submitted to the department chiefs within the five-day period after it has completed.

Results of all analyses are to be submitted to the managers of all structural subdivisions within the given time span (preferably earlier).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.2. Every facility regardless of its capacity should collect the following types of information:

7.2.1. clinical (medical and statistic);

7.2.2. financial and economic;

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.2.3. quality indicators;

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

The given data should be collected timely and submitted for analysis without any delays.

7.2.4. management of the facility overall and on each department level.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3. The main source of clinical information is a case report (case history) and statistical documentation certified by the national statistics office. All medical facilities should timely submit the following forms of statistic reporting:

7.3.1. Inpatient discharge card (form type Ô-066Ó).

Should be completed by each physician on discharging a patient from the inpatient unit; diagnosis code and other important information should be included.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.2. Admission and patient flow chart (form type 7).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.3. Outpatient medical record (Ô 025Ó)

Stored at the polyclinic statistics department; regularly information is transferred to the Department of Statistics and Organization.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.4. Outpatient physicians performance control (Ô 39Ó)

Should be stored at the polyclinic statistics department; the information should be regularly transferred to the Department of Statistics and Organization.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.5. Paraclinical departments log (physiotherapy, exercise room, laboratory, x-ray unit, etc.).

Should be kept at the Department of Statistics and Organization, formed from the incoming information from the statistics department.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.6. Autopsy log

The log is filled out and kept timely, is actively used by the administration for quality of treatment assessment, identification of cases of failure to diagnose.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.7. Hospital outpatient care log.

Ambulatory care is delivered at the polyclinic and documents are kept there.

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

non-compliance	minimal compliance	partial compliance	full compliance
----------------	--------------------	--------------------	-----------------

0 points	1 points	2 points	3 points
----------	----------	----------	----------

0 points	1 points	2 points	3 points
----------	----------	----------	----------

7.3.8. Emergency reports (informational, analytical, etc.) log.

The main accent of emergency reports is of informational character; the new focus on emergency reports—infection orientation (form 60—certified by the Ministry of Health of Ukraine—for emergency reports). The given subdivision is controlled by the epidemiological service.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.9. Blood and its components registration, storage and transfusion log.

Should exist in every surgery subdivision (except ophtalmological), controlled by the department chief, medical director and a physician from the blood transfusion department.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.10. Nosocomial infections control log.

Controlled by the epidemiologist (he/she should keep track of post-injection abscesses, post-operative complications, cases of virus hepatitis infection, etc.).

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.3.11. Surgery control log.

Surgery control logs should be widely used for realizing analytical work in the hospital; and filled out timely.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.4. Collection, recording, accumulation, statistic processing and dissemination of information are executed by the registration and medical statistics office within the time limits set and under the procedures ratified by the Ministry of Health of Ukraine.

Statistic analysis is executed monthly, quarterly, every six months in accordance with the regulations of Ministry of Statistics.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.5. Results of analysis are discussed by administration with the subdivision's employees and improvement plans to eliminate shortcomings and enhance performance are formulated.

Regular meetings should be held with the subdivisions managers to discuss the analysis results and to project proposals for improvement.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.6. Financial and economic information is analyzed and applied in the decision-making process.

Financial and economic information should be analyzed in the revenues and expenditures section; options for reducing bed capacity of the facility and articles of costs 9 and 10 (medicines) should be considered.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.7. Financial information is based on the departments reports, accounts, physician performance reports, inventory and write-off documents, staffing schedules, legislative, instructive and regulatory documents, records and reports forms that are meant for financial and economic service.

Inventory acts are directly submitted to the accountancy past economics department. Working time schedules should be submitted in the end of the month and serve as a basis for calculating Article #1 of expenditures (labor payments). All other documents are information sources; feedback documents in electronic form are obtained from the City and Oblast health administrations.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.8. Financial and economic information from the inpatient subdivisions (clinical departments, pharmacy, workshops) in the format of document copies and registration documents (working time schedules, inventory acts, write-offs) is collected by the corresponding accounting subdivisions (material and financial means, hospital economists, etc.).

All given documents are accumulated in the economics department; all overhead expenditures are inspected and submitted to accountancy.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.9. The sources of financial information include, but are not limited by the following :

98 percent of facility's financing comes from the public budget and only 2 percent from contracts and user fees.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

- daily: admission and patient flow card (from type Ô-007Ô), number of occupied beds;

The daily reports that should be submitted timely are the above, as well as utilization of bed capacity, bed turnover, number of treated patients.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

- monthly: bed utilization indicators, number of ambulatory visits, nutrition costs, income of financial and other resources, labor tax.

All the above indicators and medicines report should be submitted timely.

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

7.10. Financial and economic information is analyzed by the financial and economics department and accountancy of the facility and submitted to the chief physician.

Financial and economic information is analyzed by the financial and economics department and accountancy of the facility and submitted to the chief physician monthly. It should cover the status of all resources and assets of the facility

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

non-compliance	minimal compliance	partial compliance	full compliance
0 points	1 points	2 points	3 points

8. METROLOGICAL SAFETY

8.1 The person responsible for metrological provision who has education certificate is appointed by the facility administration.

His sphere of responsibilities includes the following:

8.1.1 Compiling the list of measurement equipment the facility disposes of.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.2 Compiling and proper production of the public audit schedule for measurement equipment.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.3 Designating specific marked measurement equipment for study and indicator purposes.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.4 Designating and storage of the measurement equipment which is not utilized temporarily.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.5 Check-up of the measurement equipment involved in health care provision.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.6 Regular calibration of diagnostic measurement equipment.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.7 Provision of metrologic service with sufficient amount of regulative documents.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.8 Provision of clinical and diagnostic laboratories with certified methodologies of measurement.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.9 Control over biological research with application of the reagents allowed by the Ministry of Health. Control over the quality of the mentioned-above.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.10 Provision of clinical and diagnostic laboratories with serum for systematic control over biochemical research.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.11 Provision of control materials for the quality assessment of hematological and coagulological research activities.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.12 Controlling application of non-unified methods of research.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.13 Identifying the violations of the measurement methods.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

8.1.14 Control over the compliance to methodological documentation used for performing research and as well as standards, measurement rules and regulations.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9. EPIDEMIOLOGICAL WELL-BEING

9.1 Epidemiology control is carried out by specific subunits and epidemiology committee within the facility.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2 The head of the epidemiology committee is subordinate to the chief doctor.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3 The sphere of responsibilities of the committee includes the following:

9.3.1 Provision and maintenance of the conditions of safety for patients and personnel.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.2 Development and introduction of wide-ranged preventive activities against nosocomial infections.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.3 Development and introduction of specific activities against spreading of contagious diseases.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.4 Control over the supply of patients with quality foods.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.5 Provision of compliance of hospital wards to public regulations.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.6 Provision of permanent and effective hot and cold water supply.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.7 Provision of uninterrupted and effective sewerage supply system.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.8 Provision of timely and complied with sanitary standards elimination of refuse.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.9 Provision of safe and timely elimination of biologically hazardous materials.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.10 Provision of cleanliness and appropriate sanitary state of the hospital building and the wards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.11 Provision of cleanliness and functioning of all the pipelines within the site particularly where patients are placed.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.12 Provision of the functioning of heating and ventilation systems.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.13 Provision of maintenance activities complied with safety standards both for personnel and patients.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.2.14 Control over the construction of the new sites and the maintenance of the functioning ones in compliance with the public standards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.3 This subunit controls and, if possible, implements innovative technologies and methodologies of safety standards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.4 The preventive programs on detection of morbidity among the personnel are carried out on a regular basis.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.5 The data in the sanitary records is renewed not less than once a year. The occupational exams are carried out timely.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.5 The rules on aseptic and antiseptic measures are available for the whole facility and for every separate subunit like sterilization, surgery, GYN, infectious diseases departments, laundry, kitchen, procedure rooms, pharmacy and others.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.6 The epidemiology committee controls the functioning of disinfection devices, the range of disinfection processing in somatic, surgery, pediatric, GYN and infectious diseases departments.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.7 The epidemiology committee provides detergents and disinfecting supplies to the departments according to the priorities set by the facility.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.8 The check-up of kitchen along with assessment of the foods transportation and storage is carried out on a weekly basis.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.9 The sanitary education program for all assistant personnel (laundry, kitchen, etc.) is developed and is being implemented. An educational briefing takes place twice a year.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.10 The program of sanitary education activities involves all medical personnel and is reviewed annually.

non-compliance	minimum	partial	full compliance
----------------	---------	---------	-----------------

non-compliance	minimum	partial	full compliance
----------------	---------	---------	-----------------

	compliance	compliance	
0 points	1 point	2 points	3 points

	compliance	compliance	
0 points	1 point	2 points	3 points

9.11. The control over epidemiology conditions in the facility is carried out by the district epidemiology unit.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12 For the aim of upgrading quality of services the further-mentioned indicator are controlled uninterruptedly. If not in compliance with the standards then the head of epidemiology committee identifies the precedents and the ways to eliminate those.

Indicators Subject to Mandatory Control:

The further-mentioned indicators imply worsening in the patient's conditions. Every violation should be subject to the thorough investigation:

9.12.1 Supply of low-quality foods.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12.2 Cease of sewerage functioning.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12.3 Cease of water supply.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

9.12.4 Unsatisfactory ward conditions.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10. THE STANDARDS OF THE FACILITY BUILDING

This standard is aimed at provision of the facility building functioning in a safe manner for patients, personnel and visitors. It also provides sufficient conditions for diagnostic and curative procedures performance.

10.1 The emergency fire plan is available for personnel, patients and visitors.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.2 Physical plant of the unit complies with public requirements connected with the range of patients in the facility.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.3 The buildings are in compliance with the standards and regulations adopted by the Ministry of Health. Any issue on the maintenance of proper unit conditions is judged by the chief doctor deputy on administration/maintenance

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4 The responsibilities of the chief doctor deputy on administration/maintenance include but are not limited by the following:

10.4.1 Providing the predictions and the plan of unit building maintenance.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.2 Providing the operations of all facility subunits, establishing a control system over maintenance activities.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.3 Making and controlling fulfillment of the contracts on maintenance of the facility.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.4 Establishing the control systems and operational analysis of maintenance supply services.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.4.5 Timely informing of the chief doctor on emergencies and possible failures in maintenance service.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.5 Every department should have minimum set of medical and other equipment, devices and supplies according to the regulations set by the Ministry of Health of Ukraine.

non-compliance	minimum	partial	full compliance
----------------	---------	---------	-----------------

non-compliance	minimum	partial	full compliance
----------------	---------	---------	-----------------

	compliance	compliance	
0 points	1 point	2 points	3 points

	compliance	compliance	
0 points	1 point	2 points	3 points

10.6 Maintenance service provides facility with furniture and linens in compliance with sanitary standards.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.7 Maintenance service provides facility with necessary transportation. The health unit should have its vehicles or contract with an outside company to provide transportation.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.8 If the maintenance unit is not able to provide required service then the head of the department is obligated to:

- inform the department which requested for the service about the impossibility of such;
- identify alternative variants for provision with the head of the department which requested the service;
- if a final decision is not made and there is a possibility of adverse results, inform the chief doctor;
- make cooperative and the most effective decision which will resolve the problem.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.9 The building and the area of the facility should have electric light, heating, water supply, sewerage, ventilation, green plants, internal road network, sites designated for refuse, etc., according to the requirements of Epidemiology Unit Regulations.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.10 Urgent care services (GYN, new-borns' room, surgery, resuscitation, ambulance, blood bank and others) should be provided with emergency electric, heating and water supply networks.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

10.11 Services and departments should be provided with effective internal and external telephone communication lines.

non-compliance	minimum	partial	full compliance
----------------	---------	---------	-----------------

non-compliance	minimum	partial	full compliance
----------------	---------	---------	-----------------

	compliance	compliance	
0 points	1 point	2 points	3 points

	compliance	compliance	
0 points	1 point	2 points	3 points

11. QUALITY ASSESSMENT OF HEALTH SERVICES

11.1 The facility should develop a quality care assessment program and find the ways of its improvement. Medical services or care is rendered by all the subunits of the hospital. The process of quality improvement has a cyclic nature. It also has an attribute of dynamics and continuity. Its components are as follows:

11.1.1 Every structural subunit (clinical or ancillary) should dispose of the list of the major types of activities on health care provision and quality assessment techniques.

**Review of the documentation, interviews with department personnel.*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.2 The head of every structural subunit should control and assess the fulfillment of the above-mentioned activities, considering the indicator like accessibility, timeliness, completeness, health care quality.

**Review of the documentation, interviews with department personnel.*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.3 Every structural subunit should have the system of quality indicators integrated with the quality standards of this department.

**Review of the quality standards of the subunit, assessment of health care quality indicators*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.4 The database which characterizes the operations in the department should be formed and renewed periodically. It should include the following indicators:

- bed turn-over;
- bed/day fulfillment;
- number of surgeries per diagnosis;
- surgical activity;
- ALOS (general, pre-surgery, post-surgery);
- percentage of repeated operations;
- percentage of post-surgery complications;
- mortality (general, pre-surgery, post-surgery);
- percentage of deviations in diagnosis (clinical and anatomicopathological);
- percentage of social diseases;
- number of patients' complains;
- nosocomial infections;
- percentage of patients who could have received care of lower volume;

- list of tests and diagnostic procedures, and their level of appropriateness to departmental requirements.

**The method of controlling those indicators, their faithfulness, report review.*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.5 Database analysis is carried out by the department chief or his appointee. The analysis provides information for quality assessment.

**Database review.*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.6 The department chief or his appointee uses the analysis as a tool to set priorities in upgrading quality of department activities which is discussed with personnel on a monthly basis.

** How to perform such analysis, how to set priorities, what impact does it make?*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.7 The head of the department along with the facility administration develops the plan on upgrading health care quality

**Is such a plan available, what items does it include?*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.8 Mutually agreed plan is being brought into operation.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.9 The effectiveness of the measures taken is evaluated by the further accumulation and analysis of the data.

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

11.1.10 At the end of every year, the department head prepares a written report on the operations in the department and identifies its further prospects well as the ways for further upgrading quality care.

**Getting familiar with the reports.*

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

non-compliance	minimum compliance	partial compliance	full compliance
0 points	1 point	2 points	3 points

